

SENT TO D.C.

9-28-06

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determination for individual properties and districts. See instruction in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Cook County Hospital Administration Building

other names/site number Main Building; Cook County Hospital

2. Location

street & number 1835 West Harrison Street [N/A] not for publication

city or town Chicago [N/A] vicinity

state Illinois code IL county Cook code 031 zip code 60612

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally.
(See continuation sheet for additional comments [].)

William L. Weber State Historic Preservation Officer 9-27-2006
Signature of certifying official/Title Date

State or Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria.
(See continuation sheet for additional comments [].)

Signature of certifying official/Title Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:	Signature of the Keeper	Date
<input type="checkbox"/> entered in the National Register See continuation sheet [].	_____	_____
<input type="checkbox"/> determined eligible for the National Register See continuation sheet [].	_____	_____
<input type="checkbox"/> determined not eligible for the National Register.	_____	_____
<input type="checkbox"/> removed from the National Register	_____	_____
<input type="checkbox"/> other, explain See continuation sheet [].	_____	_____

Name of Property

County/State

5. Classification

Ownership of Property

(Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property

(Check only one box)

- building(s)
- district
- site
- structure
- object

Number of Resources within Property

(Do not count previously listed resources.)

Contributing	Noncontributing	
1	1	buildings
		sites
		structures
		objects
1	1	Total

Name of related multiple property listing.

(Enter "N/A" if property is not part of a multiple property listing.)

N/A

Number of contributing resources previously listed in the National Register.

0

6. Function or Use

Historic Function

(Enter categories from instructions)

HEALTH CARE/hospital

HEALTH CARE/medical.business/office

EDUCATION/research facility

EDUCATION/college

Current Functions

(Enter categories from instructions)

VACANT/NOT IN USE

7. Description

Architectural Classification

(Enter categories from instructions)

LATE 19TH & 20TH CENTURY REVIVALS/
Beaux-Arts

Materials

(Enter categories from instructions)

foundation concrete

walls granite, brick, terra cotta

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

See continuation sheets

Name of Property

County/State

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- [X] A Property is associated with events that have made a significant contribution to the broad patterns of our history.
[] B Property is associated with the lives of persons significant in our past.
[X] C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
[] D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- [] A owned by a religious institution or used for religious purposes.
[] B removed from its original location.
[] C a birthplace or grave.
[] D a cemetery.
[] E a reconstructed building, object, or structure.
[] F a commemorative property.
[] G less than 50 years of age or achieved significance within the past 50 years.

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

See continuation sheets

9. Major Bibliographic References

Bibliography

(Cite the books, articles and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- [X] preliminary determination of individual listing (36 CFR 67) has been requested
[] previously listed in the National Register
[] previously determined eligible by the National Register
[] designated a National Historic Landmark
[] recorded by Historic American Buildings Survey
#
[] recorded by Historic American Engineering Record
#

Areas of Significance

(Enter categories from instructions)

- HEALTH/MEDICINE
EDUCATION
ARCHITECTURE
SOCIAL HISTORY

Periods of Significance

1912-1956

Significant Dates

1912-1914; 1917; 1927

Significant Person(s)

(Complete if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder

Gerhardt, Sr., Paul, architect
John Griffiths & Sons, general contractor

Primary location of additional data:

- [] State Historic Preservation Office
[] Other State Agency
[] Federal Agency
[] Local Government
[] University
[X] Other:

Name of repository:

Chicago History Museum

Name of Property

County/State

10. Geographical Data

Acreeage of Property Approximately 6.5 acres

UTM References

(Place additional UTM references on a continuation sheet.)

1. 16 444172 4635993
Zone Easting Northing

3. _____
Zone Easting Northing

2. _____
Zone Easting Northing

4. _____
Zone Easting Northing

[] See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)
See continuation sheets

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)
See continuation sheets

11. Form Prepared By

name/title Jason Liechty, Senior Policy Analyst, and Mike Quigley, Cook County Commissioner

organization Office of Cook County Commissioner Mike Quigley date June 5, 2006

street & number 1057 West Belmont Avenue telephone (773) 935-1010

city or town Chicago state Illinois zip code 60657

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

- A USGS map (7.5 or 15 minute series) indicating the property's location.
- A Sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional Items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of SHPO or FPO.)

name Cook County

street & number 118 North Clark Street telephone (312) 603-6400

city or town Chicago state Illinois zip code 60602

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127, and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503.

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Cook County Hospital Administration Building, Chicago, Cook County, Illinois

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Narrative Description

The Cook County Hospital Administration Building (also known as the Main Building) is located approximately two miles west of downtown Chicago on a block bounded by Harrison Street on the north, Wood Street on the east, Polk Street on the south, and Ogden and Damen Avenues on the west. The 6.5-acre site containing the Administration Building and later additions comprises approximately the northern third of the block.

The Administration Building was built from 1912 to 1914 and opened in late 1914. A number of additions were constructed south of the Administration Building. The exteriors of the first two six-story additions, known as Pavilions A and D, were also completed in 1914, but they were furnished and opened in 1915. Two further six-story expansions, Pavilions B and C, were opened for service in 1917. The County added a three-story Receiving Building in the space between Pavilions B and C in 1927. The hospital expanded again in 1950, when one-story additions were constructed in the space between Pavilions A and B and between Pavilions C and D. In 1956-57, the Receiving Building was enlarged. The County built the four-story Fantus Clinic west of the hospital in 1961; a connection between it and the Administration Building was built later.

The old hospital, consisting of the Administration Building, its four pavilions, the Receiving Building, and other additions, closed its doors in December 2002, when a new county medical center, the John H. Stroger, Jr., Hospital of Cook County, opened on an adjacent site to the southwest. The County intended to tear down the old hospital, including the Administration Building, once the new facility opened, but the Cook County Board of Commissioners has refused to approve demolition of the Administration Building. However, the County Board agreed to demolish the pavilions and Receiving Building in November 2005.

The Administration Building is located in the middle of the Illinois Medical District, home to other County medical facilities, Rush-Presbyterian-St. Luke's Hospital, the University of Illinois Hospital and Clinics, and the University of Illinois College of Medicine, and many other health-related institutions.

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EXTERIOR

NORTH FAÇADE

Horizontally, the building consists of three layers: a massive two-story base, a five-story midsection distinguished by three-story engaged columns, and crowning eighth story above the original cornice line. The tripartite division of the north façade is echoed by the three distinct “base,” “middle,” and “crown” layers within the midsection.

Vertically, the north façade of the Administration Building can be divided into five sections. Facing the façade and labeling numerically left to right (east to west), Section 1 is first, followed by 2, and so on, until ending with Section 5, on the right (west). On most Beaux-Arts buildings with five-part vertical divisions, the center and end sections project forward. Cook County Hospital has the opposite arrangement: Sections 2 and 4 project forward and above the roof line of the rest of the building, while the center and end sections are stepped back. The sections can be further described as follows.

- Sections 1 and 5: On either end of the north façade, these sections are virtually identical. Each is six bays wide and somewhat plainer in ornamentation than Sections 2, 3, or 4.
- Sections 2 and 4: Between the central Section 3 and Sections 1 and 5 on the ends, these two sections are also nearly identical. Each is a five-bay-wide projecting “pavilion,” with a wall recess containing the 3 center bays on the 4th through 6th stories. An engaged Ionic column separates the wider center bay from the bay on either side; these columns are identical to the 14 columns on Section 3.
- Section 3: This is the center section of the north façade, with 17 bays total. A seven-bay, two-and-a-half story terra cotta pavilion in the center of this section contains the building’s main entrance. Six pairs of engaged Ionic columns flanked on either side with an identical single column run the entire width of the section from the 4th through 6th stories. The 8th story features wall dormers alternating with large, painted-over skylights.

A granite water table sits atop a concrete foundation (part of the foundation is visible at the northeast corner of the building). Above the water table, a continuous tall course of granite-look terra cotta runs the entire length of the façade, interrupted only by door and window openings. Terra cotta from that course extends up the sides and across the top of each door and window,

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forming a surround. The water table and terra cotta course project out from the brick surface of the façade by approximately 8 inches.

Bricks are laid common bond except as otherwise noted. Most windows in the building are original.

A terra cotta frieze band runs the length of the north façade above the 2nd story. The band is blank in Sections 1, 2, 4, and 5, and most of Section 3. However, in the entrance pavilion in Section 3, the frieze band features a Greek-key design on either side of an inscription, "Cook County Hospital."

Between the 7th and 8th stories, a tall course of plain terra cotta marks the former location of the building's large projecting cornice with oversize modillions and denticulation. It was removed from the Administration Building in 1960.

Sections 1 and 5

Sections 1 and 5 are each six bays wide. The four central bays are narrow, with a wider bay on either side. This establishes a 1-4-1 rhythm for the windows on stories 2 through 8; the outer bays on the 1st story are blind. Windows in these sections are one-over-one, unless otherwise noted. All windows are somewhat recessed into the façade, with terra cotta lining the side and top walls of the recess.

On the first story of Section 1, a terra cotta surround extends up from the course of granite-look terra cotta above the water table around the one-over-one windows. The windows are grouped closely enough together that the terra cotta surround spans the piers between the windows.

On first story of Section 5, however, only the window in the second bay remains, and its terra cotta surround has been removed above and on its right side. From there to the west end of the building, the whole wall appears to have been removed in order to attach a one-story metal-clad connection between the Administration Building and the Fantus Clinic complex to the west. The addition fills the space between the Administration Building's north façade and the sidewalk along Harrison Street.

On the 2nd story of Section 1, the two center bays are recessed and filled by a wide casement window with transom. Wooden piers separate the two outer fixed window

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panels and transoms above from the two movable window panels in the center and their transom; the window has a terra cotta lintel. The 2nd story of Section 5 is similar, except that all four center bays are filled by individual one-over-one windows with transoms, terra-cotta lintels, and plain terra cotta slip sills. In both sections, on either side of the four central bays is a one-over-one window with transom, terra cotta sill, and terra cotta lintel.

A continuous projecting terra cotta sill, supported by scrolled terra cotta brackets, runs the length of the 2nd story windows in the four center bays of both Sections 1 and 5; the brackets are aligned with window openings and piers above. A course of terra cotta runs between the brackets below the sill. Each bay on either side of the four central bays contains a one-over-one window with transom.

At every window opening on the 1st and 2nd story other than the center arch, the last few bricks in the rowlock brick courses above and below the course of recessed brick separating the layers of rustication are replaced by a terra cotta tile.

The 3rd through 8th stories of Sections 1 and 5 are essentially identical. The end bays of these two sections project slightly from the façade, forming "pilasters." On the 4th through 7th stories of Sections 1 and 5, only the brickwork in these end-bay "pilaster" features is rusticated; brickwork in the center bays is not.

Above the frieze band between the 2nd and 3rd stories is a tall course of terra cotta, which comes to approximately the meeting rail of the sash windows. This course stops an inch or two shy of each window opening, however, and the narrower, very slightly recessed course of terra cotta that forms a surround for each window on the third story appears to form behind the tall terra cotta course. The 3rd story windows in Sections 1 and 5 are one-over-one with transoms. The frieze band forms a continuous lintel below all the 3rd story windows; a terra cotta course which stretches across the east, north, and west facades, forms a continuous lintel above the windows in these sections. This course, however, is slightly recessed whenever it forms part of a window surround. The brickwork on the 3rd story of these sections is not rusticated.

Above the 3rd story are several courses of terra cotta molding, projecting various distances from the façade. The top edge of the top-most course of terra cotta is even with the bottom of the 4th story windows.

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The four central windows on the 4th through 6th stories all have terra cotta surrounds and a continuous terra cotta lintel; the surrounds and lintel project slightly from the façade. On the 4th story, individual sills for each window are superimposed on the terra cotta course running below the windows. On the 5th and 6th stories, the 4 central windows have a continuous projecting sill; the sill is supported by four stretches of terra cotta molding, equal in width to the windows above (including surrounds).

The terra cotta surrounds of the windows in the end bays of the 4th through 6th stories of each section are extremely narrow on the sides, but the terra cotta lintels are of typical thickness.

On the 6th story, the window surround rises past the continuous lintel to enframe four terra cotta grilles aligned with the four central bays. The center panel of each grille contains a stylized sunburst pattern. A course of terra cotta stretches across all four central bays at the bottom of the grilles; a continuous terra cotta lintel tops the four grilles.

Above the 6th story, several courses of terra cotta molding form a sort of entablature; each successively higher course is taller than the one below it. The top of the "cornice" course forms a sill for the 7th story one-over-one windows. The 7th story, sandwiched between 6th story and the original building cornice (now missing), is clad entirely in terra cotta. The window surrounds are still slightly recessed, as on lower stories. Terra cotta ornaments flank the window in each end bay; the ornaments, which would have originally appeared to hang from the building cornice, take the form of a projecting square block with a slightly smaller, less projecting square block below; two guttae hang from the lower block. Bundled reeds emerge from the sides of the lower block and hang vertically.

Immediately above the 7th story, a course of plain terra cotta marks the former location of the building's cornice. Above this, a tall course of terra cotta runs the width of the section and extends up to the meeting rail of the one-over-one windows. Individual terra cotta window sills are superimposed on this course. Each end bay window is flanked by terra cotta on either side, forming a surround. Several courses of terra cotta molding form a continuous lintel above the 8th story windows. Additional courses of terra cotta lie above this, including one course which projects from the façade. The wall is topped by a terra cotta parapet with slight corbelling.

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Sections 2 and 4

Sections 2 and 4 are essentially identical. Each has five bays; the center bay is especially wide, and the bays flanking the center bay are narrower than the end bays. Throughout these sections, the windows in the 2nd and 4th bays are correspondingly narrower than the windows in the end bays (1st and 5th), though the exact widths vary by floor. However, any window in a particular bay is centered with respect to those above and below it.

By projecting several feet from the rest of the building and reaching greater heights than other sections, Sections 2 and 4 dominate the north façade. The façade steps out twice in order to project forward. The rusticated brickwork from the 1st through 6th stories of Sections 1 and 5 wraps the side and front of the first step-out from the façade; the wall then steps out again to form the main façade of these sections, which is not rusticated. The effect is similar on the other side of these sections, although the rusticated brickwork does not continue into Section 3, except on the 1st and 2nd stories. On the 8th story, the first façade step-out is rusticated, even though there is no rustication on the 8th story in adjacent sections. At the outer corners of the two step-outs on both sides of each section, a terra cotta tile replaces the end bricks in the rowlock courses above and below the recessed brick course separating the layers of rustication. The overall effect recalls quoins.

As in Sections 1 and 5, the two-story base of Sections 2 and 4 features a granite water table, brickwork laid to suggest rustication, and terra cotta trim and ornament. The center bay of the base contains a two-story recessed arch, with a surround of molded terra cotta, topped by a highly sculptural cartouche. The cartouche features a woman's face flanked by undulating scrolls and leaves and branches. Although the water table is unimpeded by the arch, the course of granite-look terra cotta above is interrupted by it. At each of the other 1st story windows, this terra cotta course is also interrupted, but it extends up to form a surround, as in Sections 1 and 5.

Both the 1st and 2nd stories under the arch have casement windows, with two casements in the center and a fixed light on either side. In addition, the 2nd story casement window has a transom under the curve of the arch. The spandrel between the 1st and 2nd story windows consists of several courses of terra cotta molding, with a balconette in relief superimposed.

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The two bays on either side of the center arch contain one-over-one windows on the 1st and 2nd stories; the 2nd story windows also have transoms and individual terra cotta lintels and lug sills. As at the corners of the façade step-outs and in Sections 1 and 5, at every window opening on the 1st and 2nd story other than the center arch, the last few bricks in the rowlock brick courses above and below the course of recessed brick separating the layers of rustication are replaced by a terra cotta tile.

However, the window has been removed from 1st story bay farthest to the east in Section 2; instead, a short hallway connects the Administration Building to a modern one-story irregular polygonal addition.

Above the 2nd story, the frieze band and terra cotta molding below it continue from adjacent sections. The tall course of terra cotta above the frieze band also continues from adjacent sections; this course extends around the one-over-one windows with transoms in the end bays of the 3rd story, forming a wide outer surround. A inner surround of the same terra cotta is recessed. The narrow bays between the center and end bays contain a one-over-one window with transom; these windows are only half as wide as the windows directly below. The center bay contains a group of three one-over-one windows with transoms; the center window of the group is slightly wider than those flanking it. The window group in the center bay and the windows in the adjacent bays have slightly recessed terra cotta surrounds the same width as the inner surrounds of the end bay windows. These surrounds emerge from behind the tall course of terra cotta above the frieze band, just like the window surrounds on the 3rd story of Sections 1 and 5. The lintels of the inner surround of the end bay windows and the surrounds of the other 3rd windows are formed by the continuous course of terra cotta that stretches across the north, west, and east facades.

On either side of the center bay is a pair of scrolled brackets, approximately in line with the continuous lintel course, supporting the balcony above and aligned with the columns on the 4th through 6th stories. Beneath each pair of brackets is a plain terra cotta panel; 8 terra cotta guttae hang from it.

Between the 3rd and 4th stories, several courses of terra cotta molding, projecting various distances from the façade, continue from adjacent building sections. In the center bay of the 4th story, this molding projects forward, forming a balcony that stretches to the outer edges of the two columns above. The topmost course of molding is replaced by a

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balustrade in front of the central bay windows and projects outward slightly in the end bays, to match the similar projection in the end bays of the 3rd story.

On the 4th through 6th stories of Sections 2 and 4, the three center bays, clad in orange terra cotta, are deeply recessed into the façade. This allows a three-story, engaged Ionic column to rise on either side of the center bay. The hollow terra cotta columns, which are identical to all of the other three story columns in Section 3, are fluted; the Ionic capitals feature angled volutes. Bundled reeds and fruit emerge from the spiral on the sides of each volute and hang vertically next to the column itself.

Between the columns, the center bay of the 4th through 6th stories contains paired one-over-one windows with transoms flanked on either side by a single one-over-one window with transom. The 2nd and 4th bays, each sandwiched between a column and the side of the deep recessed wall, contain one-over-one windows with transom; these windows are slightly wider than those in the center bay. The terra cotta around each window in the three center bays of the 4th through 6th stories projects slightly, forming a surround. Projecting terra cotta panels aligned with the window surrounds fill the spandrels above the 4th and 5th stories, while above the 6th story, the same terra cotta grillework seen above the 6th story of the other building sections is repeated, only in orange terra cotta.

A wide one-over-one window fills each end bay on the 4th through 6th stories. The windows in each bay are set within a very slightly recessed panel that runs from the meeting rail of the 4th story window to above the 6th story window. The brickwork in the end bays steps back twice to form the panel; the first step is one brick wide and contains a terra cotta tile at each corner. The 4th story end bay window has a plain terra cotta sill superimposed on the terra cotta molding below and a terra cotta surround; the 5th and 6th story end bay windows have similar terra cotta surrounds, with a projecting terra cotta lug sill supported by small scrolled terra cotta brackets superimposed.

Above the 6th story, several courses of terra cotta molding continue from other building sections across the façade. Similarly, the 7th story is clad entirely in terra cotta, as in other sections. The double-block terra cotta ornaments with hanging bundled reeds found throughout the north façade of the hospital flank the window in each end bay of the 7th story; one of these ornaments also decorates the 7th story façade above each three-story column, on either side of the center bay. The arrangement of windows is similar to the floors below. Each bay features a one-over-one window except for the center bay, which has paired one-over-one windows flanked on either side by a one-over-one window. The

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windows in the center bay are the narrowest, with slightly wider windows in the adjacent bays, and the widest windows in the end bays.

Between the 7th and 8th stories is the plain terra cotta course marking the former cornice, with a tall course of terra cotta above; both courses continue from the sections of the building to either side. The 8th story in Sections 2, 3, and 4 appears to be significantly taller than in Sections 1 and 5; this is probably due to the operating rooms and surgical amphitheatres originally found on the central sections of the 8th story. Both the center bay and the bays immediately adjacent are deeply recessed into the façade; brick piers separate the center bay from those flanking it. However, passageways have been cut through those piers so that a person may access the center bay from the adjacent ones. The center bay is blind; an inset brick panel is formed by terra cotta tiles tracing a rectangular outline with indented corners close to the sides of the wall recess. A terra cotta tile marks the location of the "true" corner of the rectangular outline. The bays on either side of the center have a plain windowless door below an inset brick panel outlined by terra cotta.

The top of the terra cotta course above the lost cornice reaches the bottom of the 8th story end bay window openings; a projecting lug sill with scrolled brackets is superimposed. The 8th story end bay windows themselves are one-over-one with transom beneath a mullioned bull's-eye window. A window surround extends from the course of terra cotta below the window; an inner surround next to the window opening is narrower and projects slightly. At the top of the one-over-one window, the outer course of the surround projects forward and curves around the bull's-eye window; the projecting inner course is replaced by a terra cotta ornament of bundled reeds which curves over the bull's-eye and then hangs vertically.

Above the three recessed bays in the center, the wall returns to the normal plane of the façade; several courses of terra cotta are topped by a projecting cornice. The terra cotta courses and cornice continue onto the end bays, which project forward slightly, as on the 3rd through 6th stories. The terra cotta courses and cornice are interrupted by the outer surround of the bull's-eye window; the terra cotta course resumes on the other side of the bull's-eye, but the cornice bends around the top of the bull's eye. At the top of the bull's-eye, the cornice is interrupted by a superimposed terra cotta key. The bundled reeds which hang around the bull's-eye are "fastened" to this key.

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Several more courses of terra cotta top the 8th story cornice in the three center bays; above this is a side-facing half-gambrel roof contained within a very deep recess. Originally, this roof contained a skylight, illuminating the surgical amphitheaters found below on the 8th story of both Sections 2 and 4. Each end bay was originally capped by a standing-seam metal mansard roof with prominent edge seams. However, these roofs only had three roof surfaces rising from the front, rear, and outside walls of the end bay; these roof surfaces met at the side walls of the recess, which themselves curved upward to follow the rising line of the roof surfaces. The top of each side wall of the recess bulged slightly into a scroll at its ends, as if the wall were rolled underneath itself. The back wall of the recess projected higher than the side roofs, forming a ridge which the side walls again met with an end scroll.

However, sometime after World War II, most likely between 1950 and 1960, the mansard roofs were removed and replaced by two plain brick boxes with flat roofs. The bricks used in these structures are noticeably darker than the buff-colored bricks used in the original construction of the hospital. The terra cotta tile that originally filled the space in the end bays between the roof cornice and the mansard roof was retained and applied to the wall of these roof structures. While the structures span the width of one end bay plus the step-out at the outer edges of the section, the expanse of terra cotta tile fills only the width of the end bay; this leaves an area of exposed brick at the outside edge.

Section 3

The symmetrical center section of the north façade, Section 3, is 17 bays across. The final bay on either end of Section C closely resembles the adjacent end bays of Sections B and D. Between the end bays, 8 narrow bays alternate with 7 wide bays. The center of the two-story base features a 7-bay-wide, two-and-a-half story projecting entrance pavilion clad in richly detailed terra cotta. From the 4th through 6th story, fourteen engaged Ionic columns located in the narrow bays dominate the façade; 12 of the 14 columns are arranged in pairs. On the 8th story, wall dormers align with the columns below.

A granite water table spans the entire width of Section 3, interrupted by arches and window openings. Only the end bays of the section feature 1st story window surrounds extending from the granite-look terra cotta course above the water table, as on all the other sections of the north façade.

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In many ways, the end bays have more in common with the end bays of Sections 2 and 4 than the rest of Section 3. Window sizes and surrounds, brickwork, and ornament are the same as the end bays of Sections 2 and 4, except that there is no inset brick panel on the 4th through 6th stories and no bull's-eye window above the one-over-one window on the 8th story, nor the accompanying changes in molding courses and cornice. In addition, the end bays are flush with the main plane of the façade of Section 3; in contrast, the end bays in Sections 2 and 4 project forward in relation to their façades.

The entrance pavilion fills the 7 center bays of the section, 4 narrow bays alternating with 3 wide bays. Above the water table, a course of curved terra cotta molding is topped by a flat course of terra cotta with a continuous band of leaves near the top and bottom edges. These courses are interrupted by window and door openings. Above these courses, at the edges of the narrow bays, the wall projects forward in a narrow square column; moving inward on both sides, an engaged quarter-column with simple base and two-course capital, consisting of a course with small rosettes topped by an egg and dart molding, again projects forward to the wall surface. The quarter-columns extend to the egg and dart course below the frieze band between the 2nd and 3rd stories. Above the engaged columns on either side of the bay, the egg and dart molding changes to an egg and acanthus leaf molding.

The windows on the 1st story of the narrow bays of the entrance pavilion are casement with a simple granite-look projecting lug sill superimposed onto the top edge of the water table. A narrow inner surround of slightly recessed terra cotta is adjacent to the window opening on all sides; on either side of this is a terra cotta surround with slightly recessed panel. Above simple curved brackets with three guttae support a segmental pediment with elongated keystone and a lower, wider keystone, connected to a terra cotta course even with the pediment return.

The 2nd story window surround consists of the same inner terra cotta surround, a wide course of terra cotta with a groove near the outer edge, and another narrow terra cotta course. The surround is surmounted by an elaborate cartouche. A grotesque man's face is above the shield at the top of the cartouche; at the bottom, the curved trailing ends of the scrolled side edges touch the top of the window opening. The cartouche is supported on either side by cherubs bearing thick ropes of fruit, which hang down the sides of the 2nd story window surround, continuing to the middle of the 1st story window surround.

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The top of the cartouche reaches the egg and dart course below the frieze band. Above the frieze band, a course of plain terra cotta is partially obscured by the floral and plain terra cotta courses surrounding a bull's-eye window. A course of plain terra cotta extends out horizontally from the plain terra cotta window surround at the window's midpoint. A bull's head is located on either side of the floral surround below the plain terra cotta course. The plain terra cotta upper surround is surmounted by a lion's head, from either side of which spring the outer floral course of the surround. The bottom of the floral rope reaches a slightly recessed course above the plain terra cotta midpoint course. Above the recessed course, and the features surrounding the bull's-eye window, is a projecting molded cornice.

The wide bays of the entrance pavilion consist of a wide door opening on the first story; the door surround projects forward slightly and consists of molded terra cotta with a wide central course of acanthus leaves and narrow egg and dart molding sandwiched between plain bands; the corners of the surround return at the bottom. A plain course of terra cotta runs on the sides and top of the surround; this is in turn topped by an egg and dart molding, with a simple projecting terra cotta cornice above. The cornice in turn supports a balustrade in front of the 2nd story windows; on either end of the balustrade is a fluted urn atop a solid pier. The 2nd story windows are located within a recessed arch; they consist of two casements with fixed lights on either side, with a transom above beneath the curve of the arch. The top and side walls of the arch recess contain floral molding. The window surround consists of a wide scalloped molding with acanthus leaf decoration; outside of this, a projecting terra cotta molding completes the surround. The arch is surmounted by a cartouche with scrolled edges and central relief image of a snake wrapped around an urn (possibly suggesting the caduceus), set in a profusion of leaves and trailing ribbons.

The wide bays on either side of the entrance pavilion each contain a two-story recessed arch; the arch is narrower than the other two-story arches found in Sections 2, 3, and 4 but otherwise features the identical treatment. The arch has the same molded terra cotta surround, cartouche, casement windows, and spandrel treatment as the other arches on the north façade.

Continuing outward from the center, the next bay is narrow. The 1st story contains a one-over-one window with simple terra cotta sill and lintel; the 2nd story features a one-over-one window with transom. As elsewhere on the base of the building, the first few bricks

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in the rowlock courses of the rustication adjacent to the window openings are replaced by terra cotta tile.

Another two-story recessed arch fills the next bay, which is wide. It is roughly the same width as the arches in Sections 2 and 4 and therefore wider than the arch in Section 3 closer to the entrance pavilion. The decorative treatment is the same as the other two-story arches.

The next bay, the last before the end bay of Section 3, is narrow, with the same treatment as the narrow bay on the other side of the adjacent arch.

On the 3rd story above the entrance pavilion, the narrow bays are filled by the bull's-eye windows described earlier; only a small amount of brick wall is visible. The brickwork features the continuous lintel course and molded cornice course found on adjacent bays. The wide bays above the entrance pavilion are slightly recessed into the façade; they contain four grouped one-over-one windows and transoms behind a balustrade. Between the entrance pavilion and the end bays, the remaining narrow bays have a one-over-one window with transom, with the same wide, projecting terra cotta surround as the 3rd story windows of Sections 2 and 4. The terra cotta courses above the surround project slightly.

The narrow, innermost plain terra cotta window surround around each 3rd story window (except the bull's-eye windows) is slightly recessed; the top of the surround forms part of the continuous lintel course found elsewhere on the façade. Atop the 3rd story, a continuous course of coved terra cotta molding runs below several courses of darker terra cotta, which also span the entire façade.

The 4th through 6th stories of all but the end bays of the section are recessed into the façade. The narrow bays are filled with a pair of the same engaged fluted Ionic columns found on Sections 2 and 4 on either side of a one-over-one window with transom. The narrow bays adjacent to the end bays, however, contain only the inner column of the usual pair; the end bay begins where the outer column would normally stand. The wide bays have the same window arrangement, orange terra cotta spandrels, and detailing as the center bays of Sections 2 and 4. Above the 6th story windows of both the wide and narrow bays is the same terra cotta grillework found on other sections of the façade.

As in Sections 2 and 4, several continuous courses of terra cotta molding top the 6th story. The wide bays of the 7th story have the same window arrangement as below. The narrow

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bays consists of a bull's-eye window with simple projecting surround aligned with the windows below flanked on either side by hanging bundled reed ornaments aligned with the columns below. However, the narrow bays adjacent to the end bays instead contain a one-over-one window, and there is only one hanging ornament, above the column.

The missing cornice spans the width of the section above the 7th story. The narrow bays of the 8th story contain a projecting wall dormer with one-over-one window with transom and plain terra cotta lintel. The wall above and below the window is slightly recessed. On either side of the window is a terra cotta extension of the missing-cornice course. The wide bays feature a very narrow expanse of slightly recessed brick on either side of a very deeply recessed area what appears to be a metal clad lean-to; these expanses previously contained large skylights. The walls are topped by continuous courses of terra cotta, including a projecting cornice.

Concerns about loose terra cotta have led Cook County to secure portions of the north façade with metal webbing. Most affected are the frieze band above the 2nd story, terra cotta bands between the 3rd and 4th stories, the area between the 7th and 8th stories previously containing the cornice, and the courses above the 8th story.

EAST FAÇADE

The east elevation is only three bays wide. Its treatment is very similar to that of Section 1 on the north façade, with the rustication effect on the 1st and 2nd stories, continuous terra cotta courses, window treatments, and details echoing those of Section 1. There is a narrow area at the north edge of the east façade that is actually the end of the north façade, with all wall treatments and continuous courses wrapping the corner. The wall surface for the east façade proper projects slightly forward from the plane of the wrapped edge. The east façade is mostly symmetrical, except for windows and window placement in the south bay. The center bay contains a doorway with a modern metal replacement door on the 1st story, flanked by sidelights above the water table. On all other stories, the center bay contains three grouped one-over-one windows on each story; the bays on either side, one-over-one windows. From the 3rd through 8th stories, the center bay resembles the central bay of Section 1; it is slightly recessed and the brickwork is plain, not rusticated.

In the north bay, the windows have transoms if their counterparts in the end bay of Section 1 do; in the south bay, the 1st through 6th story windows in the south bay are located a half-story higher than the windows in the other bays, reflecting an interior stairwell. None of the windows in the

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south bay have transoms, and the 2nd and 6th story windows are shorter, to avoid interrupting courses of terra cotta.

Metal webbing secures a few areas of terra cotta on the east façade, primarily the frieze band above the 2nd story.

WEST FAÇADE

The west elevation is a mirror image of the east elevation. There are some differences, however. The 1st story has completely disappeared behind a modern, metal-clad addition; it is unclear if any of the original wall remains. In addition, the frieze band above the second story is entirely missing except on the wrapped corner of the north façade; it has been replaced by modern brick, and little attempt was made to emulate the recess in the original.

SOUTH FAÇADE

The pavilions and Receiving Building have obscured the south elevation of the Administration Building for most of its history. Furthermore, because of the pavilions, the south façade was designed to be very simple and unadorned, except on the ends where the wall treatment of the west and east facades wrap around and continue for approximately 10 feet. Before the pavilions were built, the sections of wall where they attached were temporarily sealed so that the Administration Building could be made habitable.

The exposed sections of the south façade between the pavilions have been heavily modified over the decades; it appears that walls were bumped out, windows replaced, and porches filled in on numerous occasions. Furthermore, an expansion project in 1950 created two one-story additions with basements between Pavilions A and B and between Pavilions C and D.

PAVILIONS A, B, C, AND D

Four pavilions and the Receiving Building extend south from the south façade of the Administration Building. Pavilion A is the easternmost, fronting Wood Street; it is aligned with Section 1 of the north façade of the Administration Building. Moving west, one encounters Pavilion B and then Pavilion C; they are approximately aligned with the ends of Section 3 of the north façade. Pavilion D is the westernmost extension, aligned with Section 5 of the north façade.

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The water table and course of granite-look terra cotta found on the base of the Administration Building continue onto the pavilions. As on the Administration Building, the terra cotta course extends up the sides and across the top of each 1st story window.

Almost all windows in the pavilions are one-over-one sash with transoms. The exceptions occur on the 1st story; windows on that level do not have transoms. In addition, historic photographs suggest that at least some 1st story windows were originally paired rather than single, but no examples of this are visible at present. Most windows appear to be original; some are broken and/or boarded up. All windows above the 1st story feature simple terra cotta sills and lintels. As in the Administration Building, the pavilion walls are constructed of bricks laid common bond, except as otherwise noted.

The four pavilions are essentially identical in design. There is very little ornamentation, compared with the north, west, and east facades of the Administration Building. Terra cotta is limited to window sills and lintels, the octagonal bay that ends each pavilion, the 7th story of Pavilions A and D, and the coping of the parapet.

Moving south from the south façade of the Administration Building, the first section of the pavilions consists of three bays each containing a single window. However, Pavilions A and D differ slightly; their outer walls contain only two bays, the northernmost bay of which contains paired windows. The inner walls of Pavilions A and D contain three bays, but here the center bay contains paired windows.

The next section of the exterior consists of a projecting bay on both sides of each pavilion. The angled walls of the bays each contain a single window, while the center wall of the bays contains two windows. Continuing south, the next portion of the exterior is four bays wide on both sides of each pavilion; each bay contains a single window, except for the southernmost bay along the inner walls, which features a walled protrusion with a door on each story leading to a fire escape. The exterior walls recede slightly on both sides of each pavilion to begin the next section, which is six bays wide, with each bay again featuring a single window.

Finally, the walls step outward again, and each pavilion concludes in an south-facing octagonal bay tiled in white terra cotta. The side walls and angled walls of the octagonal bays each contain paired windows separated by a narrow terra cotta pier; the windows in the side walls are wider than those in the angled walls or south wall. The south wall of the bays contains two pairs of windows, separated by a pier that runs the full height of the pavilions. Within each pair, a narrower terra cotta pier extends only the height of the windows. Beneath each pair of windows

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on the 3rd through 6th stories on all major sides of the octagonal bay are terra cotta tiles arranged in a decorative pattern, with a raised circle flanked on either side by a raised rectangle with a concave edge facing the circle.

Above the 6th story, the pavilions feature several courses of corbelled brick; several feet above that is an even taller band of corbelled brick. A narrow course of terra cotta—which becomes the coping course for much of the roofline—is located several feet higher. For areas with a higher roofline, an additional terra cotta coping course tops the parapet wall.

Between the first two bands of corbelled brick above the 6th floor, there are small attic windows in some of the bays. For example, on the outer walls of Pavilions A and D, there are attic windows in the southernmost of the 4 bays south of the projecting bay, and the 2nd, 4th, and 6th bays of the 6-bay section immediately north of the terminating octagonal bay.

The pavilions have partial 7th stories. On Pavilions A and D, the 7th story extends south from the Administration Building through the projecting bay. The first bays are similar to the six stories below, although the projecting bay on the 7th story features three windows in its central wall, instead of two. In addition, the 7th story projecting bays and the south wall connecting them are clad in white terra cotta, with terra cotta columns at each corner of the projecting bay and between each window of the central wall of the projecting bay. On Pavilions B and C, the 7th story extends slightly farther, through the four bays south of the projecting bays. In contrast to Pavilions A and D, however, the 7th story of Pavilions B and C is not clad in terra cotta.

The 7th stories of all four pavilions have a course of projecting brick running approximately at the level of the window transoms and two bands of corbelled brick above the windows. In the blank wall areas between the tops of the 7th story windows, projecting bricks form rectangular boxes for an additional decorative effect.

On the 1st story, the space between Pavilions A and B and between Pavilions C and D has been filled by additions built in the 1950s; they extend from the Administration Building almost to the octagonal bays at the ends of the pavilions.

As on the Administration Building, certain areas of terra cotta on the pavilions have been stabilized by the application of metal webbing.

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RECEIVING BUILDING

When constructed in 1925, the Receiving Building was an "I"-shaped structure centered between Pavilions B and C south of the Administration Building, connected to the main building by a short extension of the central axis of the "I." Additions in the 1950s filled in the space between the arms of the "I." Most of the structure is 2 stories, except for the central axis, which is 3 stories for most of its length and 4 stories in the extension of the central axis connecting to the Administration Building. Curiously, the 2-story section of the Receiving Building east of the central axis is slightly taller than its counterpart on the west.

INTERIOR

The Administration Building has been closed to the public since late 2002, when patients were moved to the new Stroger Hospital. Therefore, the present condition of the interior of the hospital could not be determined. However, an Illinois Historic American Building Survey (HABS) report of the building was compiled in 1997. The following description of the interior is based primarily on the 1997 HABS report; other sources are cited individually.

On most stories, the central hallway of the Administration Building features a double-barreled plaster ceiling and terrazzo floors. Terrazzo, linoleum tile, ceramic tile, and carpeting are the flooring materials used elsewhere in the Administration Building. Many rooms in the building have plaster ceilings, though others have acoustic tile or original wooden beam ceilings. Interior walls are plaster, but some rooms are lined with ceramic tile, including the 8th story operating rooms, 7th story sterilizing rooms, and some bathrooms. All of the building's original light fixtures have been replaced by modern examples. Some interior spaces still retain a narrow wooden shelf attached to the wall; the Illinois HABS report suggests that electric fans were placed on the shelves to circulate air in the days before window air conditioning units (the building never had central air conditioning). Other rooms still have their original call boxes and wall-mounted porcelain sinks. In addition, the central corridors still retain some of the historic projecting chrome signs that identified the various departments and offices, and the 2nd story central hallway and some adjoining spaces retain some decorative pilaster treatments on their plaster walls.¹

The main lobby was the hospital's most significant public space. Originally, the lobby was a 2-story room featuring a balcony supported by columns. In 1939, the Works Progress Administration remodeled the lobby, adding wall murals, mosaic tile counters, marble benches, and sculpture.² "Protection," a 1940 statue of women and children by Charles Umlauf, sat in the

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middle of a mosaic-tile fountain pool in the center of the lobby.³ A WPA mosaic tile mural by John Winters still hangs on the east wall of the lobby; approximately 5 1/2 feet tall by 12 feet wide, it depicts a tropical scene of animals, birds, and plants.⁴ Some years later, the lobby was remodeled again. A drop ceiling was installed, reducing the height of the lobby to one story, and much of the WPA artwork was covered over or removed. However, the statue "Protection" remained in the lobby; as of 1997 it had been shifted closer to the main entrance doors. The lobby also features three bronze plaques commemorating Dr. Christian Fenger, Dr. Frederick Tice, and the history of the county hospital since its founding. There is also a decorative brass mailbox with pediment and other Classical detail on the wall of the lobby.⁵

The historic amphitheaters on the 8th story are also intact. Hinged metal brackets attach the movable wooden seats to the rooms' concrete tiers. One amphitheater still features its historic wall-mounted blackboard.⁶

However, much of the interior layout of the hospital has been modified. Many interior walls have been reconfigured; large rooms were often divided into smaller spaces, though in other cases small rooms were combined to create larger ones. Apartments for the warden and medical staff were converted to alternative uses. Only one former apartment retains its wood-burning fireplace; all other fireplaces in the former living quarters have been removed.⁷

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Statement of Significance

Summary

The Administration Building of the old Cook County Hospital (also known as the Main Building) meets Criteria A and C for listing in the National Register of Historic Places.

Criterion A is met by the building's association with the history of medicine, medical education, and public health in Chicago and the nation; its importance to immigrants, minority populations, and the poor; and as the site of numerous important medical breakthroughs, including many "firsts."

The building is also being nominated under Criterion C for its Beaux-Arts architectural style.

The nomination consists of one contributing building (the Administration Building) and one non-contributing building (Fantus Clinic).

Establishment of a County Hospital

When Cook County was established in 1831, only a few hundred people lived within its borders. At the time—and continuing to the present day—counties were expected to provide medical care to those residents too poor to afford it.

The provision of medical care to the indigent was spotty at best during those early years; at various times, the sick poor were housed at the city's poorhouse, private homes, and Tippecanoe Hall, a warehouse at the corner of Kinzie and State Streets. The County's major contribution to health care during this period consisted of supplies for the "hospital." Physicians were not paid by the County (or anyone else) for providing care to their penniless patients, but rather volunteered their time. Faculty from the Rush Medical School opened the 11-bed Illinois General Hospital of the Lakes at the corner of North Water and Rush Streets in 1850, and the County began sending some of its patients there "for treatment at the 'lowest possible expense.'"⁸ Within a few years, the Sisters of Mercy took over the facility, renaming it Mercy Hospital, and transferred its location back to Tippecanoe Hall in 1853. From then until 1863, the County paid Mercy three dollars per patient per week to care for its sick and destitute residents.⁹ The County had opened a poor farm, complete with infirmary, twelve miles northwest of Chicago in 1851, but "[t]his institution was located too far from the center of the population to be of any real use to acutely ill patients."¹⁰

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Cholera epidemics in Chicago in 1849 and 1854 served to remind the population and their leaders of the need for a public hospital. Indeed, the Chicago City Council agreed to build a temporary hospital during the cholera outbreak of 1854; these insufficient facilities were replaced in late 1857, when the City opened a permanent hospital by architects Carter and Bauer. This structure, the first in the city of Chicago specifically built as a hospital¹¹, was located on the SW corner of 18th Street and Wentworth Avenue (then known as Arnold Street). The \$75,000 building consisted of three stories of red brick over a basement of “rock-faced Lemont limestone,” topped by a tin roof painted red.¹² City Hospital, as the facility was first known, sat empty for two years after its construction; the City of Chicago couldn’t afford to properly outfit it. A group of physicians associated with Rush Medical College leased the structure beginning in 1859 for use as a training hospital for their students.¹³ In 1862, the federal government seized City Hospital for use as a military hospital during the Civil War. The army closed it in 1865 following the end of the war.

Even before the close of the war, a number of physicians began lobbying Cook County to take over the facility for use as a charity hospital. One, Dr. George K. Amerman, successfully ran for the Cook County Board in order to advance the cause. Although Amerman was forced to retire from the Board after he was struck by tuberculosis in 1866, his colleague Dr. Joseph P. Ross also ran for and was elected to the County Board. The two men’s efforts succeeded; the county informally swapped its 160-acre reform school tract outside the city limits for the hospital site, which was still formally owned by the city. Following the army’s closure of the hospital, Amerman and Ross almost immediately began preparing the facility for County use. On January 1, 1866, the former City Hospital opened to the public as Cook County Hospital. “George K. Amerman and Joseph P. Ross were its parents, and the date of its birth was January 1, 1866.”¹⁴

The newly reopened hospital incorporated a number of positive features, including steam heat, good lighting, and ample ventilation. “Considering the time, the ‘Old County Hospital’ was a distinctly imposing structure.”¹⁵ However, with a capacity of only 130 beds, the facility was soon overcrowded. In addition, the funds appropriated by the County to run the hospital were inadequate and were reduced even further by graft and corruption. Not surprisingly, the hospital’s physical condition deteriorated rapidly; rats and roaches were a common sight. In 1870, the County added a three-story wing was to the south of the existing structure at a cost of \$7,250; this expansion increased the number of beds to 220. Nevertheless, the hospital soon became overcrowded again—particularly in the aftermath of the Great Chicago Fire of 1871, which left 70,000 homeless and many severely burned victims in its wake. (Fortunately, the

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hospital was located beyond the southernmost extent of the fire.) However, "by 1872, even the Board of Supervisors realized that the hospital building was unsatisfactory."¹⁶

The First Harrison Street Hospital

In 1874, the County Board selected the "Baldwin Blocks," a 12-acre site on Chicago's west side, bounded by Harrison, Polk, Wood, and Lincoln (now Wolcott) Streets, for a new hospital. The County could have purchased the property for \$130,000 a year earlier, when it first asked for site proposals,¹⁷ but the Board instead voted to purchase a different, more expensive parcel. Within months, however, board members rescinded that decision, and in May 1874 they voted purchase the Baldwin Blocks site. The County was forced to pay more than the original asking price of \$130,000, however. The *Chicago Tribune* reported that "Mr. Baldwin [the original owner]...sold the block to [Mr. W.H.] Cushman for \$130,000...and less than an hour later Cushman sold it to the county for \$145,000."¹⁸ Other accounts suggest that the County Board backed away from its original site decision in the face of opposition from nearby property owners, who feared that the presence of the county hospital in their neighborhood would lower property values.¹⁹

The choice of a west side location was highly political. Some of the leading doctors at the hospital had approached a former patient who owned land on the west side, which was still relatively undeveloped compared to the north and south sides of the city. The landowner entered politics and was elected to the Illinois General Assembly. In the legislature, this individual proceeded to lobby for the development of a hospital on the west side. This landowner-legislator's identity remains anonymous to this day; the doctors who had urged his involvement would eventually reveal their efforts on behalf of a west side hospital but never publicly identified the landowner they had approached. Doctors at the hospital also involved themselves in Cook County Board races, hoping to elect commissioners who would vote in favor of a west side location.²⁰

Architect John C. Cochrane designed the new facility, which opened in 1876. Plans called for a 300-bed facility constructed in the form of several pavilions connected to each other by covered passageways.²¹ This first phase of construction, completed in 1876, included two pavilions, boiler house and laundry facility, kitchen, and mortuary. The County moved its patients from the old hospital at 18th and Wentworth to the new facility on October 6, 1876. The following year, workers completed the clinical amphitheater; the County added an administration building and two additional pavilions in 1883-84.²² The final cost of the project totaled \$719,574, including land, buildings, and equipment.²³

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Author John G. Raffensperger describes the internal design of the hospital, which followed hospital design practices considered modern at the time:

The pavilion system consisted of fourteen wards, each housing patients in a large room. In addition, there were two wards for erysipelas patients, a common skin infection due to streptococcus. There were three male and one female medical wards, and five male and two female surgical wards. In addition, there was one ward each for obstetrics and children. Each ward had its own kitchen, dining room, nurses room, operating room, bathroom, isolation rooms, and linen closet. The wards either held thirty patients or fifty patients, and were ventilated, with a large cylindrical air shaft from the floor to the roof in the center of the room....The [central] kitchen had a fourteen foot long range and broiler, as well as urns and boilers for the preparation of hot beverages. It was described as one of the best planned hospitals in the United States.²⁴

Used for Sunday services as well as teaching seminars, the hospital's clinical amphitheater held 600 people. The complex's administration building held the warden's office, other offices, drug storage, dining facilities, and apartments for hospital staff.²⁵ The County constructed additional pavilions and associated buildings in 1897, 1903, and 1908-09. By 1909, the Cook County Hospital complex had grown to encompass 2,000 beds.²⁶

Despite the new facilities, the hospital soon suffered from the same ills that plagued the prior facility: political interference, chronic underfunding, unsanitary conditions, and poor food. To cite just one example, the children's hospital within the complex was built from "the cheapest materials" and contained no elevator; as a result, children had to be carried from floor to floor by hand.²⁷

Political meddling was a particularly severe problem during this era. As Raffensperger writes, "From 1876 until about 1905, the hospital was dominated by two forces, incredibly corrupt politics, and a group of enthusiastic physicians, and surgeons, led by Dr. Fenger."²⁸ Fenger himself had been forced to bribe a county commissioner in order to secure a spot on the hospital staff. This was not uncommon for doctors seeking a place at the hospital. At the time, the County Board not only appointed the administration, but also the hospital's attending and resident physicians, as well as "consulting staff"—doctors who had privileges at the hospital but no responsibility for treating patients. It was not until 1905 that the County finally instituted

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civil service reforms at the hospital, ending the era when political connections mattered more than medical qualifications.

In addition to interfering in personnel decisions, county commissioners also encouraged or tolerated additional abuses at the hospital. Many abuses were a direct result of the unqualified or unscrupulous characters installed as administrators by the County Board. Warden William J. McGarigle, who served from 1884 to 1887, and another man were convicted of embezzling \$750,000 from hospital contracts and splitting the loot with ten county commissioners known as the "boodle gang." Both men were sentenced to prison time, but McGarigle escaped to Canada and was never caught; the complicit commissioners were variously fined or jailed as well.²⁹ Also during McGarigle's tenure, a citizens' panel discovered that a whopping 900 gallons of whiskey was consumed at the hospital during a single year. Upon investigation, the panel learned that the liquor was not used medicinally, but rather that "...the hospital was little better than a 'roadhouse' for friends of the County Commissioners."³⁰

The situation became so grim around the turn of the century that the Chicago Medical Society actually recommended that the hospital be abolished as a County Institution,³¹ but the hospital continued to limp along in its subpar facility for another decade. The institution of civil service examinations for the hospital staff in 1905 helped to end the worst personnel abuses, but did nothing to improve the physical condition of the facility.³²

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Building Cook County Hospital

In 1910 the County Board appointed a commission to study conditions at the hospital; in its September 1910 report, the commission found the facility to be “overcrowded” and in an “unsanitary condition” and recommended that the County issue a \$3 million bond to pay for construction of a fireproof, 3,500-bed hospital complex.³³ The county architect at the time, William Holabird (of noted firm Holabird and Roche, designers of the Chicago City Hall/County Building, among many other significant Chicago buildings), designed a large complex featuring five interconnected buildings, each with multiple parallel wings. A photograph of a model of this design was included with the commission’s report, along with a recommendation that hospital buildings be clad in “white glazed terra cotta, and that the exterior surface of the court walls be of white glazed brick, thus adding light and improving sanitary conditions.”³⁴ Voters approved the \$3 million bond issue in the November 1910 election³⁵ and also chose Democrat Peter Bartzen over incumbent Republican William Busse for the County Board presidency.³⁶ Bartzen dismissed William Holabird as County Architect in December 1910, replacing him with Paul Gerhardt.³⁷ Unsurprisingly, Holabird’s hospital plans were shelved.

The chair of the County’s civil service commission visited the hospital in January 1911. Upon discovering inadequate and damaged fire protection equipment throughout, he declared it “a tinder box, needing only the application of the match to convert it into an inferno of death.”³⁸ Faced with this revelation just months after the county hospital commission made its recommendations, county commissioners finally acted to replace the 35-year old County Hospital. In February 1911, the County Board’s hospital committee recommended spending \$1 million to urgently construct a new administration building with two five-story wings on either side with room for 400 beds.³⁹ At the same time, the County Board also considered opening branch hospitals in other parts of the city, though nothing came of this plan at the time.⁴⁰

New county architect Paul Gerhardt drew up his own plans for a new County Hospital. As first announced in June 1911, Gerhardt’s plans proposed a 600-foot long, 10-story building fronting on Harrison Street with two 200-foot long, 10-story wings behind. The structure was to be faced with terra cotta on the first few floors and brick with terra cotta ornament above. The architect estimated construction would be complete in one year, at cost of \$2-3 million.⁴¹ Over the next few months, however, Gerhardt’s initial plans changed for unknown reasons. By the time the County Board received the plans in August 1911, the new hospital had shrunk to 9 stories and a length of 550 feet, but with four rear pavilions rather than two.⁴² By January 1912, plans called only for an 8-story structure. The *Chicago Tribune* reported that rumors about the two lost floors were rife: one story suggested President Bartzen had thought 10 stories was too tall for a

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hospital. Another claimed that the architect had discovered the building was too costly at 10 stories and therefore lopped off two floors to make it cheaper.⁴³ (There may be some truth to the latter explanation, given the 1913 controversy over Gerhardt's cost estimates.)

Gerhardt was a controversial figure during his tenure as county architect. Well before the hospital project was underway, Gerhardt had already come under fire for his handling of an investigation into building problems at the Oak Forest infirmary.

A February 1912 editorial in the *Tribune* blasted Board President Peter Bartzen for hiring a "mediocre" architect to design the building, rather than calling for an open, juried competition or employing an architect "with high standing or of special experience in construction of this nature."⁴⁴ A few months later, the *Chicago Record-Herald* reported on the criticisms of the architect: "Paul Gerhardt's ambition to build a palacelike [sic] hospital that would make the county famous has been blamed for the complications which are threatening delays to the work."⁴⁵

The construction specifications Gerhardt drew up for the hospital project caused several controversies. At one point Gerhardt even found himself opposed by the president who appointed him. Gerhardt had prepared plumbing specifications for the new hospital that appeared to favor products made by a particular New York company.⁴⁶ Gerhardt was also criticized for the complexity of the specifications⁴⁷ and the authority over construction they appeared to confer upon him.⁴⁸ Perhaps the most serious charge made against the architect revolved around his specifications for a "P.G. sanitary internal door frame." One anonymous commissioner told the *Chicago Tribune* that the specified door frame was a newly invented, not-yet-patented design created by Paul Gerhardt—"P.G."⁴⁹ As a result, the County Board voted to require Gerhardt to sign an affidavit that he had no direct or indirect interest in any product associated with the specifications and that he had not been promised any fees or commissions by any parties connected to the project. After the conclusion of the vote, the architect stood up and was allowed to speak. "'Gentleman,' said Mr. Gerhardt," according to the *Chicago Tribune* report of the meeting, "'Here's my affidavit.' Then he unbuttoned his coat and drew the document from his inside pocket."⁵⁰

The confusion over specifications had a large role in the chaos surrounding the bidding process for the hospital. The first four times in 1912 the Board advertised for bids for construction of the hospital, the Board threw out the bids. There were only two bidders in round one in May 1914, and both were \$1 million over budget. In the second round, no bids were received. Four bidders came forward in the third round, but "irregularity in the advertising" caused the Board to return

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all four unopened. The same four firms bid in the fourth round, but after three were disqualified for various reasons and the remaining bidder's ability to perform construction work on such a vast scale came into question, the Board decided to rebid the project yet again.⁵¹ Two firms responded to the fifth and final advertisement; when the bids were opened on September 2, 1912, the lowest offer was \$200,000 higher than the lowest bid in the previous round, and neither included plumbing or furniture.⁵² Nevertheless, on September 11, 1912, the Cook County Board awarded the construction contract for the hospital to John Griffiths & Son for \$2,275,000.⁵³

President Bartzen lost the 1912 election to Republican Alexander McCormick, who fired Gerhardt soon after taking over the presidency; one can speculate that the reason had as much, or more, to do with the various charges levied against the architect as with his association with ex-president Bartzen. All told, the controversial Gerhardt earned over \$90,000 from his work for the county, including almost \$63,000 for the hospital plans.⁵⁴ To replace him, McCormick hired noted hospital architect Richard E. Schmidt. Schmidt set to work overseeing the completion of the new county hospital.⁵⁵

Even after his dismissal as county architect, however, Gerhardt continued to be a controversial figure. In early January 1913, fighting to regain his position as county architect, he refused to turn over copies of the building plans and keys to the construction office.⁵⁶ However, new architect Schmidt and the county's superintendent of public service were able to take control of the construction site from Gerhardt in mid January.⁵⁷

By early March, Schmidt had identified several obvious defects in Gerhardt's plan and advised the County Board that repairs would cost \$140,000. Among the errors: a suspended ceiling above the 7th floor, which also served as the floor of a "pipe space" where plumbing could be accessed, was not strong enough to support the weight of anyone standing on it. President McCormick slammed Gerhardt's plans as "carelessly drawn."⁵⁸

On March 8, 1913, county commissioners, new county architect Richard E. Schmidt, and other dignitaries laid the cornerstone of the new county hospital. As is traditional, a time capsule was placed in the cornerstone—including some unlikely items. "Copies of The Tribune and another Chicago newspaper warmly criticising [sic] methods of construction of the new county hospital were included in a collection of relics deposited in the tin box of the corner stone....The county commissioners chuckled as they saw them."⁵⁹

Leading a tour of the construction site, Schmidt pointed out the 7th floor problem, the lack of any provision for electricity, and uncovered openings in the south wall of the structure where two

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pavilions would have been built (they were dropped from the final construction contract for reasons of cost).⁶⁰ Shortly thereafter, President McCormick appointed a panel to review Schmidt's recommended changes, which included not only fixing the reported defects but also increasing the capacity of the hospital by 94 beds. McCormick's panel approved Schmidt's recommendations at the end of March 1913, noting that the added capacity would bring the per-bed cost of the hospital down from approximately \$6,200 to just over \$5,000—a significant improvement but still far more expensive than private hospitals and prominent hotels.⁶¹ President Alexander McCormick appointed another committee in April 1913 to investigate hospital construction after rumors of inferior brickwork surfaced.⁶²

Meanwhile, Gerhardt's woes continued. The issue of the mysterious "P.G." initials returned in April 1913 when a manufacturer threatened the County Board with a patent infringement suit related to the metal door frames used in the hospital. Many had suspected the initials stood for "Paul Gerhardt," but this was again emphatically denied by the architect. According to the *Tribune*, "One of Gerhardt's assistants denied this emphatically and explained that 'P.G.' stands for two Latin words especially applicable to metallic door frames. He had, however, forgotten the two Latin words."⁶³ The uproar over abbreviations, however, was overshadowed in June 1913 by an even larger controversy. In documents prepared for his lawsuit against the County, Paul Gerhardt admitted knowing that the hospital could not possibly be constructed for \$2.3 million, the amount of the winning bid, and that at least \$800,000 in "extras" would be needed to complete the building.⁶⁴ The *Tribune* explained the situation in detail:

The voters approved of a bond issue of \$3,000,000 for a new hospital to contain approximately 1,300 beds. Bids were received of which the lowest was \$3,880,000. They were rejected because that sum was in excess of the bond issue.

After much unexplained dickering during several months, the general contract was awarded for \$2,327,000 on modified plans, which provided for only 517 beds. It was then announced the plumbing contract would be additional. Its contract cost is \$174,500. So far as the records showed, or even indicated, those two sums would give the public a hospital complete.

Mr. Gerhardt now confesses in a suit for architect's fees that the building now under construction will cost \$3,490,610. He drew the plans, prepared the specifications, and ought to know.⁶⁵

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The nearly \$3.5 million figure, it should be noted, was for a hospital without two of the four pavilions in the original plan. In his lawsuit, Gerhardt calculated that the construction of those omitted wings would cost an additional \$550,000. In total, Gerhardt admitted, construction and furnishing of the hospital he had originally designed would cost \$4,040,000. The county attorney at the time confirmed that over \$1 million in "extras" would be needed to complete the hospital. "No public structure in Chicago during the last ten years has had such an enormous amount of 'extras' contemplated or paid for," the *Tribune* reported. The newspaper went on to contrast hospital construction costs with the total expenditures for the City Hall-County Building project (completed in 1911), which was completed for less than the budgeted amount.⁶⁶

Scandal erupted yet again in July 1913, when the *Tribune* reported that county officials solicited kickbacks from contractors bidding on the construction contract. "An unnamed contractor was quoted as saying he was approached for \$150,000 'by an employe [sic] in one of the county offices, the head of which was appointed by Peter Bartzén,' then president of the county board," the *Tribune* stated. Rumors had long circulated that "prospective bidders had been approached and told to figure the cost of the building according to their ideas for a fair profit and then add \$100,000 for 'the pot,'" according to the *Tribune*.⁶⁷

In mid July 1913, a special committee of the County Board investigating the hospital's construction issued its findings. The committee reported the original construction contract failed to cover "interior tiling, interior decoration, [a] fire alarm system, [a] receiving station, ventilation in parts of [the] main building, elevators to [the] basement," and several other necessities. However, the *Tribune* reported, "the contract had provided for terra cotta work totaling \$250,000 used on the front of the building and for window sills, adding to its beauty but not to the comfort of patients." County commissioner Daniel Moriarty, head of the investigating committee, was sharply critical of the situation: "The money spent on the exterior of the hospital, particularly the front, is an outrage."⁶⁸

Gerhardt defended his work. He argued that 90 percent of the terra cotta had a non-ornamental purpose and that the general contractor was paying too much for the material. He also claimed the basement was unnecessary. The deposed architect also assigned the blame for the state of affairs to County leaders. "I have repeatedly stated publicly," Gerhardt said in a statement, "that if my contract with Cook county [sic] had not been abrogated by the county board the county would not have found it necessary to expend the \$83,945 in extras which have so far been incurred."⁶⁹

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However, within a week of the special committee's report, the County Board voted 7 to 6 to censure Paul Gerhardt and the previous County Board led by President Bartzén and to approve the report of the Board's investigating committee which strongly condemned the "extravagance and waste" of the hospital project.⁷⁰ The committee wrote:

It is almost inconceivable that a board would award a contract based on plans and specifications which would necessarily make the complete cost of the building more than \$600,000 in excess of the amount of the bond issue provided for the purpose.... This board now faces the question of providing approximately \$900,000 with which to complete and furnish the building, as practically every item comprehended is an absolute essential.⁷¹

Bartzén, who was still serving as a member of the Board, vehemently objected to the committee's conclusions and criticism of his leadership as president.⁷² Less than two weeks later, President McCormick speculated a \$2 million bond issue might be required to raise the funds to complete the hospital. Completing and outfitting the existing structure had a price tag of over \$1 million, according to the county comptroller, but that sum still did not include the two omitted wings, furniture, pathology lab, morgue, or eye, ear, throat, and nose clinic and lab. McCormick appointed yet another committee, composed of Board members and citizens, to examine ways of lowering the cost of completion. One commissioner developed a cost-saving plan, but it was rejected by his peers as impractical, as it eliminated "a power and electric plant, flooring, window and door screens, ample illumination, wall and ceiling painting, and an enlarged laundry."⁷³

Major construction of the main building was complete by December 1913, but the lack of funds prevented the installation of interior furnishings and equipment and the construction of Pavilions A and D and the power plant. President McCormick again slammed Paul Gerhardt for his extravagance: "The whole purpose of the architect seemed to have been to erect an institution in which palatial quarters for the warden and internes [sic] might be provided at the expense of patients... Fortunately... by the elimination of oriental luxuries, we have been able to secure space" for additional beds.

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Building Additions and Changes

Work on additions and the interior outfitting of the Main Building began in 1914. In January 1914, the Board directed John Griffith & Sons, the contractor, to erect a temporary connection between the Main Building and the old Administration Building so that portions of the new facility could enter service as they were completed. The Board passed a special appropriation in March 1914, allowing work to resume on Pavilions A and D and for the furnishing of the Main Building. The two pavilions were complete by December 1914, though they remained to be furnished.

As a result of the November 1914 general election, which saw Republican Board President Alexander McCormick lose to Democrat Peter Reinberg, Richard E. Schmidt left his post as county architect. In January 1915, Reinberg chose Eric E. Hall, a 31-year-old, Swedish-born architect, to succeed Schmidt.⁷⁴

In 1915, the County furnished and outfitted the new Administration Building and Pavilions A and D, as well as resumed planning for Pavilions B and C, which had been omitted from the building plans several years earlier for financial reasons. The Board authorized construction of the additional facilities early in the year, and voters approved a \$1 million bond issue to pay for them in the June 1915 election. In August, the County Board ordered new county architect Hall to revise Gerhardt's interior plans for Pavilions B and C, and the Board approved them in December.

In early 1916, John Griffiths & Sons, the general contractor for all parts of the hospital to date, won the contract for construction of Pavilions B and C. By April, workers had completed the foundation and commenced construction above ground. Upon completion at the end of 1916, Pavilions B and C held 500 beds, for a total hospital capacity of 2,700 beds. Only one hospital in the world, Middlesex in London, was larger than Cook County Hospital. The County also began work on the power house in 1916. The Board approved county architect Eric Hall's plans in July and awarded the construction contract to John Griffiths & Sons, the lowest bidder at \$339,200. In May 1917, the County officially opened the pavilions for service,⁷⁵ and the power house was also completed and fitted with machinery in 1917.⁷⁶

The main floor of the administration building contained the lobby, admitting department, pharmacy, and offices. The central area of the second floor held the offices of the warden and medical superintendent; the remainder of the floor held patient wards.⁷⁷ The third through seventh floors contained medical wards, offices, and other facilities, and on the eighth floor were

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the operating rooms and two large medical amphitheatres. As this was the top floor of the building, the operating rooms and clinics featured large skylights; Raffensperger notes, "This natural lighting was so good that one could almost operate during the afternoon without artificial light."⁷⁸ The "surgical clinic" occupied the west end of the floor; it was a "huge amphitheater which could seat 150 visiting doctors in a semicircle around the operating area."⁷⁹ To the east, at the opposite end of the floor, was the "medical clinic," another large amphitheater. Operating rooms were located in between the two clinics.⁸⁰ Each operating room was part of a suite, with a small room for anesthesia and a scrub area between the hallway and operating room. At times, when the main operating rooms were at capacity, medical procedures were performed in the anesthesia rooms (known as "side rooms").⁸¹

The basements and first stories of Pavilions B and C held the main hospital kitchen, diet kitchen, bakery, and storerooms.⁸² The other stories of the pavilions held numerous wards, segregated by sex, age, ailment, and other factors. The power house, located in a separate building south of the hospital, produced heat and electricity for the hospital and hosted the laundry on its top story. County officials had determined that this arrangement was ideal, as the laundry could take advantage of the steam produced by the power plant below for its operations.

"For its time," author John Raffensperger wrote, "it was a grand building. The operating rooms were lined with tile, and, even though the patient wards lacked privacy, they were open and naturally well ventilated. Each ward had a 'sun room' where patients could read or gossip. The corridors were long, wide, dark and were always cool, even on the hottest summer day."⁸³ However, the enormous scale of the hospital prompted criticisms from some experts. Raffensperger quotes hospital planner Dr. Sigismund Goldwater's characterization of the facility: "five or six miles of sickbeds under one management, an ungovernable mass which spells outrage and disaster."⁸⁴

In addition to his efforts completing the first stage of the County Hospital building project, in 1925 county architect Eric Hall also designed the first major expansion of county medical facilities following completion of the main hospital. The expansion consisted of four new structures: a children's hospital, men's ward building, morgue, and receiving building.⁸⁵ The three-story, I-shaped Receiving Building was sited south of the Main Building, between Pavilions B and C. It was the only one of the four new buildings to connect to the hospital above ground (other buildings connected to the hospital via tunnels).

In 1950, the County constructed two one-story additions with basements to bridge the space between Pavilions A and B and between Pavilions C and D.⁸⁶ The spaces between the arms of

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the I-shaped Receiving Building, east and west of its central axis, were filled by two-story additions with basements in 1956-57.⁸⁷ The hospital's monumental cornice was removed in 1960 at a cost of \$400,000.⁸⁸

Architect Paul Gerhardt

Architect Paul Gerhardt (sometimes identified as Paul Gerhardt Sr. to distinguish him from his son) was born in Leipzig, Germany, on Christmas Eve 1863. Following completion of his architectural education in Germany in 1884, Gerhardt was sent to the United States by a German textile firm in 1890 to design and supervise the construction of spinning mills. He began practicing architecture in Chicago in 1893, becoming a naturalized citizen in 1895.⁸⁹ During his long career, he served as official architect for two political entities, Cook County and the Chicago Board of Education, in addition to his private practice.

In 1898, he married Marie Sommer, the daughter of one-time Chicago alderman and Cook County commissioner Fred Sommer.⁹⁰ The Gerhardts were a politically active family. In addition to the politically related jobs held by the senior Gerhardt, his wife Marie was politically active in her own right. Following the passage by the Illinois General Assembly of limited women's suffrage in presidential and local elections in 1913, Marie Gerhardt was one of the first female candidates for elected office in Chicago, running for the Democratic nomination for alderman of the 23th Ward in 1914.⁹¹ She lost, but she received several hundred votes and was mentioned by Democratic Party slatemakers as a possible future candidate for the Sanitary District board.⁹² In addition, the Gerhardts' son, Paul Gerhardt Jr., enjoyed a long tenure as city architect of Chicago; several libraries, park district facilities, and Chicago City Hall's current council chamber were all designed by Gerhardt Jr. In addition, for a number of years during his service as city architect, Gerhardt Jr. also served simultaneously as Chicago's building commissioner.⁹³

Most of the senior Gerhardt's career was spent in private architectural practice, as his two periods of service as county and Chicago school board architect did not prevent him from pursuing private work. His private projects included homes and apartment buildings, factories, warehouses, and breweries. At least three of his commissions in Chicago are still standing:

- 411 West Ontario—Chicago School style, now a condominium building
- 216 West Ohio—Chicago School style, now a mixed-use building
- 4017 North Sheridan—Egyptian Revival style, currently housing a restaurant and bar⁹⁴

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As architect of the Chicago Board of Education, Gerhardt is probably best remembered for designing Lane Tech High School, which was the largest technical high school in the world upon its completion.

Other Chicago schools designed by Gerhardt included:

- Wright Junior College, 3400-3458 North Austin
- Amundsen, 5100-5140 North Damen
- Kilmer, 6702-6726 North Greenview
- Von Steuben High School, 5021-5055 North Kimball
- Steinmetz, 3000-3058 North Melvina
- Smyser, 4310-4340 North Melvina
- Parker High School, 315-335 West Normal⁹⁵

Gerhardt worked as an architect into his early 80s. He died in Chicago in December 1951 at the age of 88.⁹⁶

Architects Richard E. Schmidt and Eric E. Hall

President McCormick turned to a proven hospital architect, Richard E. Schmidt, to replace Gerhardt. Schmidt, who was born in Bavaria but immigrated to the United States as an infant, attended the Massachusetts Institute of Technology, and was a partner in the Chicago firm of Schmidt, Garden & Martin (later Schmidt, Garden & Erickson, beginning in 1926). The firm was known in particular for its commercial and industrial buildings, notably the huge Montgomery Ward & Company warehouse on the Chicago River, one of the first reinforced concrete buildings in the world.⁹⁷ In addition, Schmidt and his firm were responsible for designing over 300 hospitals,⁹⁸ including Michael Reese Hospital, Alexian Brothers Hospital, and the Lying-In Hospital in Chicago.⁹⁹ Schmidt, Garden & Martin also designed the Garfield Park Conservatory in 1906-07 (in collaboration with noted landscape architect Jens Jensen) and the University of Illinois College of Medicine, located across Polk Street from the Cook County Hospital complex, in the early 1920s.¹⁰⁰

Most of Schmidt's tenure as county architect was consumed by the completion of the hospital. The *Chicago Tribune* archives record that in 1913 and 1914, Richard E. Schmidt's name appeared in the newspaper only in relation to the county hospital project. Schmidt enjoyed a long career as an architect and served as Chicago building commissioner from 1932 until 1942 (ironically, he was replaced by Paul Gerhardt, Jr.). He passed away in 1959 at the age of 93.¹⁰¹

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Eric Hall served as county architect for 27 years, from his appointment in 1915 until his death in 1942.¹⁰² He was educated at Crane Tech High School, Armour Institute (the forerunner of the Illinois Institute of Technology), and Lewis Institute. Other than the county buildings, he and his firm, Hall, Lawrence, & Radcliffe, are probably best known for designing Chicago Stadium, which stood on the Near West Side from 1929 until 1995.¹⁰³

Hall also designed the county's juvenile home and juvenile court buildings in the early 1920s, the Cook County Criminal Courthouse and Jail in 1927,¹⁰⁴ and the Nurses' Building on the hospital campus in 1931.¹⁰⁵

Medical History

Patients seeking treatment entered Cook County Hospital through the Receiving Department. Here, patients were screened to ensure that they were indeed indigent before treatment would commence. Depending on the malady, patients were directed to a general ward (segregated by sex) or a specialized ward. During Cook County Hospital's long history, the medical staff has dealt with innumerable outbreaks of disease; the years during which the Administration Building was the nerve center of the hospital complex were no exception. The hospital's years of service spanned the periods when tuberculosis, polio, and AIDS were among the most serious public health problems of their day.

Many patients received long-term treatment at the hospital, and as a result, a number of programs developed to improve their quality of life. A day nursery was established in 1915 so that mothers could leave their children temporarily while they visited relatives or friends in the hospital. A schoolroom for children undergoing long-term treatment at the hospital was also set up; an average of 28 students a day attended school in 1918-1919, for example. Occupational therapy—the teaching of skills such as woodcarving or weaving that disabled patients could master—began in 1917 with orthopedic patients; they reacted so enthusiastically that the program was expanded throughout the hospital the following year.¹⁰⁶ The program was discontinued in 1932, however.¹⁰⁷ Summer concerts were also a favorite event during the late 1910s and 1920s—originally, bands performed on the lawn between the Main Building and power house, but following the construction of the Receiving Building, musical groups performed in a bandstand on its roof.¹⁰⁸ A branch of the Chicago Public Library opened in the hospital in 1921.¹⁰⁹

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Outpatient clinics were another important part of the hospital's mission. Originally, the clinics were located in various locations throughout the Main Building; in 1934, many were centralized on the first floor of one of the pavilions in 1934. The County purchased the old West Side Hospital at 1835 W. Harrison in 1940 and moved all clinics there, renaming the building after blood bank pioneer Dr. Bernard Fantus, who had died earlier in the year.¹¹⁰ The outpatient clinics treated tens of thousands of patients annually—usually far more than were admitted for inpatient treatment at the hospital.

Throughout its history, Cook County Hospital has been especially important to immigrant and minority communities. In the first decades of the 20th century, so many immigrants were served by the hospital that some dubbed it “Chicago’s Statue of Liberty.” Given the large waves of immigrants who came to the United States in the late 19th and early 20th centuries, it is not surprising that immigrants comprised the majority of patients at Cook County Hospital around the time of the building’s construction. In 1912, for example, nearly 73 percent of the hospital’s 48,223 total patients had been born in another country. By 1921, the percentage of foreign-born patients dropped somewhat, to approximately 50 percent. Immigration slowed considerably during the 1920s, after Congress imposed quotas, and by 1927, only 17 percent of County Hospital’s 43,251 patients were foreign-born.¹¹¹

As European immigration declined, however, African-American migration from the south increased. Until the civil rights movement, Cook County Hospital was one of only a handful of hospitals in the Chicago area open to African-American patients. One example illustrates how significant the hospital was to that community: in 1955, doctors at Cook County Hospital delivered 60 percent of all African-American babies born in the county.¹¹²

The hospital often mirrored other developments in society as well. During Prohibition, for example, there were hundreds of cases of poisoning from alcohol substitutes, as well as increasing numbers of gunshot wounds during the late 1920s as wars erupted between gangsters.¹¹³ The Depression bankrupted innumerable families, leading many more people to seek charity care at the hospital. At the time of the stock market crash in October 1929, the hospital was treating an average of 2,069 patients per day. By July 1935, the daily average had risen to 2,661; it topped 3,000 in 1940.¹¹⁴ This tremendous growth in demand made the already teeming hospital even more overcrowded.

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Dr. Fantus and America's First Blood Bank

Perhaps the single most significant medical development to take place at Cook County Hospital was the establishment of the first blood bank in the United States by Dr. Bernard Fantus on March 15, 1937. Dr. Fantus, the hospital's director of therapeutics and a professor at the University of Illinois College of Medicine, performed considerable research on the problem of blood collection and storage. Although he was not the first in the world to successfully store blood for later use in transfusions, nor the first to set up a blood collection and storage facility in a hospital, he did refine the concept of a facility where blood could be donated by members of the public and stored for future use for anyone who needed it, calling it a "blood bank." With "blood bank," Dr. Fantus devised a short, memorable phrase that uses the familiar workings of a bank to explain the basic concept behind blood collection and storage facilities. As County Board President Clayton Smith put it in his 1939 annual report:

The Blood Preservation Laboratory is called the Blood Bank because it functions like a bank in that the staff physicians are able to deposit blood, no matter of what type, to their credit in the bank. Then they are able to draw from the blood bank blood of the desired type on short notice. This has done away with the necessity of bleeding half a dozen or more persons in order to secure a type of blood required of the patient.¹¹⁵

Raffensperger describes how the blood bank obtained much of its blood those first few years: "Interns would ask friends to donate blood, or give ten dollars so the patient would have credit in the 'bank.' The money was then used to buy blood from derelicts, or destitute medical students."¹¹⁶ Today, in contrast, blood drives are a frequent corporate and community service event, and the term "blood bank" proved so apt and so catchy that it is still in wide use today.

The importance of Dr. Fantus's introduction of blood banking to the United States cannot be overstated; previously, many hospital patients died while waiting for a blood transfusion from a compatible live donor. The idea spread rapidly: within three years of the establishment of the first blood bank at County Hospital, fifty large American hospitals had set up their own facilities.¹¹⁷ The explosion of transfusions at County Hospital itself gives some indication of blood banking's importance to medicine: the *Tribune* reported that the number of blood transfusions per month grew ten-fold between 1937 and 1940, from 70 a month before the blood bank to 700 a month afterwards.¹¹⁸ In addition, County Hospital's blood bank supplied blood to hospitals throughout the Chicago area; County Board President Clayton Smith's annual report

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for 1939 noted that the blood bank provided 72 pints of blood to 25 different institutions for emergency use in that year.¹¹⁹

Dr. Fantus may also be the first person to propose creation of a “medical park” or medical district for the West Side of Chicago. Ultimately, this idea came to fruition as the Illinois Medical District. Unfortunately, Dr. Fantus died in 1940, just three years after founding the blood bank and one year before the Illinois legislature created the Medical District. Several years later, the County’s central outpatient clinic was renamed the Fantus Clinic in his honor.

Medical Internships

Cook County Hospital created the first modern medical internship program in the nation. As medicine became increasingly complex in the 1800s, it became important that medical staff members be present at hospitals at all times. The attending physicians were volunteers with their own medical practices and by definition, therefore, could not be on site all day and night. Prior to 1866, hospitals had occasionally allowed students or apprentices to perform medical duties akin to those of a resident physician, but Cook County was the first to require interns to be graduates of medical school. This was the beginning of the modern medical internship still in use today. As Raffensperger writes, “It was an innovation in medical education, as well as in the care of hospital patients.”¹²⁰

In 1866, Dr. Nils I. Quales, a Norwegian immigrant who was later appointed city physician of Chicago, began work as Cook County Hospital’s first intern.¹²¹ From the very beginning, a competitive examination was used to select county hospital interns. A spot at the hospital was highly coveted by medical students in Chicago, even though early interns received no pay beyond room and board and were required to live together in a dormitory-style room at the hospital.¹²² Interns “were required to visit each patient, morning and evening, and to notify the attending physicians of any emergencies.”¹²³ Initially, the internship program consisted of three six-month stints, each with a different set of duties. In later years, each six-month phase focused on a different area of practice: general medicine, surgery, and obstetrics and gynecology. Even today, certain types of medical internships still require rotations through the major medical specialties.

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Medical Education

In 1881, the Board of Commissioners authorized student nurses from the newly established Illinois Training School for Nurses to assist with medical care in the hospital; prior to this, the only assistance came from untrained attendants.¹²⁴ The nursing school operated for nearly fifty years, but in 1929, the Cook County School of Nursing opened, supplanting the earlier school. Although an independent non-profit institution, the Cook County School of Nursing's mission was provide nursing care at Cook County Hospital and its associated institutions. The contract lasted decades.¹²⁵

In 1935, the nursing school constructed a building at 1900 West Polk Street to house nursing students and the institution's classrooms and offices. The school remained independent until 1971, when it came under the auspices of the Cook County Governing Commission, the agency in charge of the hospital at the time. By 1980, the school's three-year diploma program was an anachronism in an era of four-year bachelor's degrees in nursing, and the County closed the school—one year shy of its 100th anniversary.

Pathology

Pathology, the medical field concerned with the processes underlying disease, has been a major focus of work at Cook County Hospital for most of its history. The study of pathology in the Midwest began with the work of Dr. Christian Fenger, one of Cook County Hospital's most important early doctors.¹²⁶

Beginning in the 1920s, the Pathology Department began organizing weekly clinico-pathological conferences, where findings from the hospital's 700-800 annual post-mortem examinations were discussed "with the view of detecting errors of commission and omission with the reasons therefore," according to hospital warden Michael Zimmer's 1922 annual report. At the conferences, Zimmer noted, "Constructive criticism is both invited and encouraged with the result that consecutive errors are seldom committed."¹²⁷ The notoriety of the hospital's weekly pathology conferences continued to grow during the 1920s and 1930s; they became so well-known and highly regarded that over 900 American and foreign doctors attended the conferences in 1937; some physicians even stayed for months at a time.¹²⁸

The influence of the Cook County Hospital Pathology Department extended into print as well. In 1933 alone, the department's staff published 20 papers in medical journals. During the 1950s,

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some of the weekly pathology lectures were collected into an annual publication, "Clinical Pathological Conferences at Cook County Hospital."¹²⁹

Women in Medicine

Cook County Hospital has also witnessed several important milestones for women in the field of medicine.

In 1973, the Health and Hospitals Governing Commission named Dr. Rowine Hayes Brown as medical director of Cook County Hospital. Dr. Brown, an attorney and pediatrician noted for her work with battered children, was the first woman in the United States named medical director of a major hospital.^{130, 131} Just four years later, in 1977, the Health and Hospitals Commission picked Dr. Olga Jonasson, a surgeon and professor at the University of Illinois Medical Center, to head the department of surgery at Cook County Hospital. Once again, this was the first time a woman was named to this position at any major medical center in the United States.¹³²

Dr. Herrick and Sickle Cell Anemia

Another important medical breakthrough—one that would prove very important to the African-American community in particular—occurred in late 1904, when Dr. James B. Herrick first observed sickle-shaped red blood cells in a blood sample from Walter Clement Noel. Noel, a wealthy descendant of African slaves, had come from the Caribbean island of Grenada to Chicago in 1904 in order to study dentistry. The blood abnormality identified in Noel was first known as Herrick's syndrome but later renamed sickle-cell anemia.¹³³ Dr. Herrick had been appointed to the medical staff of the county hospital in 1895 by one of the commissioners; however, he was no political hack, and he easily retained his position following the introduction of civil service reforms in 1905.¹³⁴

Some histories of Cook County Hospital erroneously claim that Herrick made his discovery at the hospital. In fact, Noel, the patient, was wealthy enough to pay for care at the private Presbyterian Hospital. Herrick, whose main practice was at Presbyterian, and his intern, Dr. Ernest E. Irons, observed Noel regularly from 1904 to 1907 and published a journal article in 1910 describing their findings.¹³⁵ It is unclear what, if any, work related to the discovery of sickle-cell anemia took place at County, but even if no major research breakthroughs occurred there, Herrick was closely associated with Cook County Hospital during this period. Herrick retired from active service at County Hospital in 1915, but continued his affiliation as a consulting doctor.¹³⁶

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In addition to his discovery of sickle-cell anemia, Herrick made other important contributions to cardiology. In a 1912 article in the *Journal of the American Medical Association*, he was the first to correctly theorize that heart attacks (or, to use the medical term, myocardial infarctions) are caused by clots in the coronary blood vessels. Six years later, Herrick was among the first researchers to suggest the use of electrocardiography in the diagnosis of heart attacks.

Other Medical Advances

Austrian doctors demonstrated in 1908 that polio was caused by a microbe; research continued around the world during the 1910s and subsequent decades to isolate the cause of the disease and to develop a vaccine against it. Among these researchers was Dr. John W. Nuzum, pathologist at Cook County Hospital. In 1917, Nuzum produced a serum derived from sheep which proved somewhat effective in the treatment of polio.

Nuzum also played a key role in fighting the 1918 influenza outbreak in Chicago, developing a vaccine to combat what the hospital's warden called "the most severe epidemic that the County Hospital has ever been called upon to meet."¹³⁷ Nuzum's vaccine was administered to every patient, doctor, and nurse at the hospital and distributed not only to other hospitals in Chicago, but throughout the nation.¹³⁸

Another breakthrough came in 1937, when Dr. James J. Callahan and Dr. Carlo Scuderi developed a treatment for broken hips in which a steel pin was inserted across the fracture. This was a major advance in the treatment of broken bones, as it stabilized the fracture strongly enough to allow patients to move around on crutches. Prior to this, elderly patients with broken hips were prescribed weeks of bed rest with a leg in traction, but many died from pneumonia or bedsores before the bone had healed.¹³⁹

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Beaux-Arts, Classical Revival, and Second Renaissance Revival Styles

The Cook County Hospital Administration Building is also being nominated under Criterion C for its Beaux-Arts architectural style.

Classical architecture inspired a number of late nineteenth and early twentieth century architectural styles, including Beaux-Arts, Second Renaissance Revival, and Classical Revival. Two influences led to the development and diffusion of these styles in the late nineteenth century. First, many prominent American architects of the period studied at the Ecole des Beaux-Arts in Paris, France's premier architectural school and an institution steeped in the classical tradition. In addition, classical styles were employed in the design of several turn-of-the-century exhibitions, particularly the World's Columbian Exposition in Chicago in 1893. The planners of the Chicago fair engaged a number of the era's most famous architects to design dramatic colonnaded buildings arranged around a central court. The design of the famous "White City" impressed many of those visiting the fair from around the country, and monumental classically-inspired buildings soon became the fashion.

The Second Renaissance Revival style was influenced by larger Renaissance buildings. Buildings in this style typically reach three stories or higher and are organized into distinct horizontal divisions by belt courses or other architectural treatments. Typically, first story wall treatments differ from those of upper stories; orders may differ among the stories, for example. Additionally, window surrounds may change between stories. Arcading or arched openings may be used on the same building with straight-headed or pedimented openings. Projecting cornices have modillions and roofs are frequently highlighted with balustrades.¹⁴⁰ The style was well suited to large public buildings, clubhouses, apartment buildings, and some commercial buildings.¹⁴¹

Beaux-Arts style buildings were inspired by the architecture of the World's Columbian Exposition, and became identified with expressions of civic pride and corporate wealth. Large, grandiose compositions and an exuberance of detail with a wide variety of finishes characterize the style. Common elements may include projecting pavilions with colossal columns, enriched moldings, and free-standing statuary.¹⁴² Paired columns flanking large round-headed openings is a hallmark of the style.¹⁴³ Windows are typically substantially detailed with such elements as surrounds with columns, balustraded sills, and pedimented hoodmolds.¹⁴⁴ Cornices and parapets are especially pronounced. The Beaux-Arts style was often used for libraries, train stations, public buildings, and mansions, with lavish interiors and grand staircases befitting the richness of the exteriors.¹⁴⁵

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The Classical Revival style was popular mainly during the first three decades of the twentieth century. While the style was based on Greek and Roman architectural orders, Classical Revival buildings differ significantly from the smaller, simpler buildings of the nineteenth-century Greek Revival style. The Classical Revival style is distinguished by symmetrically arranged buildings of monumental proportions, finished in smooth or polished stone surfaces. Public and commercial examples of the style were typically built of stone, while residential examples were constructed in brick. Windows are typically large, single-light sash rather than multi-paned sash. Attic stories often feature parapets, but these are never ornamented with statuary along the roof line.¹⁴⁶ Classical Revival is simpler in effect than the Beaux-Arts style, though they exhibit many similarities. Beaux-Arts style was inspired by the arch or barrel vaulting of Roman architecture, while the Grecian post and lintel forms influenced the Classical Revival style. Frequently, buildings featured elements from both styles.¹⁴⁷ Many banks and public buildings employed the Classical Revival style.

The Beaux-Arts Cook County Hospital

Old Cook County Hospital is an outstanding example of the Beaux-Arts style in Chicago. Few Beaux-Arts buildings in the city can match its scale or the lavishness of its ornamentation, and none are hospitals. In fact, the hospital may be the largest extant Beaux-Arts building in the city. Furthermore, the old Cook County Hospital may be the only building of its kind in the nation: a monumental Beaux Arts structure built as a public charity hospital.

Compared to other Beaux Arts buildings, however, the interior of the hospital does not equal the exterior. Rich interiors were unsuitable in most of the building anyway, as a hospital needs utilitarian spaces that can be easily cleaned and maintained. In addition, as construction costs spiraled higher and higher, county commissioners and administrators insisted that any plans for lavish internal décor be dropped. The hospital had only one grand public space: the two-story lobby. Compared to the main waiting room at Union Station or the central hall of the Field Museum, however, the hospital lobby was quite modest in scale. In addition, the room was remodeled in the 1930s and a drop ceiling was installed sometime after that, reducing the height of the lobby to one story.

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Comparable Public Buildings in Chicago

World's Columbian Exposition

Jackson Park and the Midway Plaisance, Chicago
1893

Largely demolished

Beaux-Arts/Classical Revival

The World's Columbian Exposition of 1893 initiated the Beaux-Arts period in American architecture. Under the direction of Daniel Burnham, the various prominent architects who designed the main buildings of the fair achieved remarkable unity; with very few exceptions, the buildings featured classically inspired designs, a unified cornice line, and sparkling white exteriors. The White City, as the fairgrounds were dubbed, was a revelation to many citizens, demonstrating the virtues of order, beauty, and planning at a time when most American cities were dirty and chaotic. As a result of the fair, Beaux-Arts architecture became the preferred style for monumental civic buildings across the country for more than two decades. Ironically, despite its enormous influence on American architecture, all but one of the fair's structures were designed to be temporary and were duly demolished after the fair. Only one building from the fair, the Palace of Fine Arts, remains; it has been the home of the Museum of Science and Industry for decades.

Palace of Fine Arts (Museum of Science and Industry)

South Lake Shore Drive at East 57th Street, Chicago
1893; Rebuilt 1929-1940

Classical Revival

This huge Classical Revival structure by Charles B. Atwood was originally constructed out of a mixture of hemp and plaster known as staff, reflecting the temporary character of the buildings at the World's Columbian Exposition. However, this building was always intended to outlast the fair; it was ultimately rebuilt in stone and marble by the architectural firm of Graham, Anderson, Probst & White (successor to Daniel Burnham's firm) between 1929 and 1933. Although the exterior design remained unchanged, the interior was remodeled in the Art Moderne style fashionable at the time.¹⁴⁸

The plan of the building resembles a cross superimposed on a rectangle, with the ends of the cross projecting from the facades as porticos and the crossing topped by a low dome. The main façade of the building is dominated by a central projecting portico with engaged Ionic columns

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and statuary. The portico is flanked by long colonnades of engaged Ionic columns leading to wings that themselves feature smaller porticos and low domes.

Following the World's Columbian Exposition, the building contained exhibits that would eventually become the Field Museum of Natural History. When the Field Museum moved into its own building in 1920, the structure sat vacant for several years, until it was selected as the site of a science museum funded largely by Sears, Roebuck & Co. chairman and philanthropist Julius Rosenwald. The museum first opened to the public in 1933, during the Chicago's Century of Progress exhibition, but interior renovations were not completed until 1940.

Compared to the Administration Building of Cook County Hospital, the Museum of Science and Industry is much more purely classical in inspiration. Architect George W. Maher praised the building, saying it was "unequaled since the Age of Pericles."¹⁴⁹

The museum building is a City of Chicago landmark.

The Art Institute of Chicago

111 South Michigan Avenue, Chicago

1893-1916

Beaux-Arts/Second Renaissance Revival

The Art Institute of Chicago was built for use as an assembly building during the World's Columbian Exposition, but was always intended to serve as an art museum following the fair. Designed by Shepley, Rutan & Coolidge (architects of the Chicago Cultural Center as well), this Beaux-Arts structure shows strong Second Renaissance Revival influence, with widespread use of arched windows and a rusticated base contrasting with smoother stonework on the upper stories. A projecting portico containing the main entrance dominates the Michigan Avenue façade of the building.

The Art Institute is a city landmark, part of the Historic Michigan Boulevard District.

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City Hall/County Building

118 North Clark Street/121 North La Salle Street, Chicago
1905-08 (County) and 1909-11 (City)
Beaux-Arts/Classical Revival

This monumental, 11-story Beaux-Arts/Classical Revival building covers one full block in downtown Chicago. Designed by the firm of Holabird and Roche, the building was built in two stages; the County side (the eastern half) of the building was constructed first, and the City Hall portion (the western half) was built a few years later. "The goal," the AIA Guide to Chicago says, "was to erect a building of eleven very high stories that would not look like a skyscraper." Holabird and Roche accomplished this by vastly increasing the scale of the building components; the huge, 75-foot columns are the largest in Chicago, for example. Each of the four facades is similar, with a 3-story base, 6-story midsection featuring a colonnade of engaged Corinthian columns, and a tall, projecting, mostly flat cornice with attic story above.

Cook County Hospital also features a tripartite façade division and engaged columns, but the City Hall/County Building is a much more massive building, in a more severe Classical Revival style than the heavily ornamented County Hospital. The hospital was constructed just a few years after completion of the City Hall/County Building, for the same client; given the similarities between the buildings, it is possible that hospital architect Paul Gerhardt was directly influenced by Holabird and Roche's design. Unlike County Hospital, with its one principal façade, the four facades of the City Hall/County Building are given equal importance.

The City Hall/County Building is a City of Chicago landmark.

Federal Building

Block bounded by Adams, Jackson, Clark, and Dearborn, Chicago
1898-1905; Demolished 1965
Beaux-Arts

This massive Beaux-Arts building, filling an entire downtown block, contained Chicago's main post office, federal courthouse, and federal offices from 1905 until 1965. Henry Ives Cobb was the first non-government architect to design a post office in 45 years, and he designed this building to impress. The Federal Building featured a tall two-story base lining the perimeter of the site, with a cross-shaped block above containing offices and courtrooms. The center of the building was capped by a dome larger than the dome of the U.S. Capitol; the top of the dome

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was 16 stories above street level. Under the dome was a 300-foot high octagonal rotunda with interior decoration costing \$2 million (in circa 1900 dollars).

The old Federal Building was more restrained in its ornamentation than Cook County Hospital, reflecting a Second Renaissance Revival influence. The building was demolished in 1965 to make way for the current Federal Center.

Union Station

210 South Canal Street, Chicago
1913-1925
Beaux-Arts/Classical Revival

Proposed in Daniel Burnham's 1909 *Plan of Chicago*, Chicago's Union Station is yet another imposing, full-block, Beaux-Arts public building. Begun just a year after Cook County Hospital by the architectural firm of Graham, Anderson, Probst & White (the successor firm to D.H. Burnham & Co.), the station has a long colonnade of Doric columns fronting Canal Street, pilasters along the other facades, an 8-story tower set back from the colonnaded base, and an enormous waiting room at the center of the station, under the tower's light court.

The City of Chicago has designated Union Station as a landmark.

Chicago Cultural Center (Former Chicago Public Library)

78 East Washington Street, Chicago
1897
Beaux-Arts

Designed by Shepley, Rutan & Coolidge, the Chicago Cultural Center—constructed in 1897 as the central Chicago Public Library—is a huge Beaux-Arts structure featuring a simple one-story base, 2-story arched windows fronting the 2nd and 3rd stories, and 2-story Ionic columns lining the 4th and 5th story levels. Curiously, the main entrances to the building are not on Michigan Avenue, the most significant adjacent street, but rather on the side streets. The building would have been demolished had it not been for an uncharacteristic example of outspokenness on the part of Mrs. Eleanor "Sis" Daley, wife of legendary Chicago mayor Richard J. Daley.

The Cultural Center is a city landmark, contained within the Historic Michigan Boulevard District, and is listed in the National Register.

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Cook County Criminal Courthouse and Jail

2600 South California Boulevard, Chicago

1927

Classical Revival

The County's main criminal courthouse, built by the firm of Hall, Lawrence & Radcliffe (Eric Hall was Cook County Architect at the time; he succeeded Richard E. Schmidt) in 1927.

Although it is at first glance very similar in basic form to Cook County Hospital and the City Hall/County Building, with a vertical division of base, middle, and crown, and multi-story engaged Doric columns, the tripartite division is subtle. There are no cornices, continuous moldings, or rustication to serve as clear dividing lines.

The AIA Guide to Chicago refers to the building's style as "Flat Classicism." The simplified, streamlined classical style relates strongly to Art Deco. As at Cook County Hospital, there are some sculptural elements on the courthouse facades, including eagles, bison, and eight figures allegorically representing such virtues as Law and Justice.

Field Museum of Natural History

East Roosevelt Road and South Lake Shore Drive, Chicago

1909-1920

Classical Revival

Designed by D.H. Burnham & Co. and its successor firms (Burnham died in 1912; by 1920 the his former firm was known as Graham, Anderson, Probst & White), the Field Museum is a huge Classical Revival building directly inspired by Greek temples, particularly the Erechtheion at the Parthenon. The long north and south facades of the building feature a central portico with engaged Ionic columns and pediment. On either side of the portico, the façade steps back slightly; the façade here features a small balcony topped by a pediment supported by caryatids clearly based on those of the Erechtheion. The façade then steps back again to a long wing on either side lined with a colonnade of two-story Ionic columns.

The Field Museum is massive—at 700 feet long, the main façade is even longer than the north façade of the old Cook County Hospital building—but much more classically Greek in design than the hospital.

The Field Museum is listed in the National Register.

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Section number 9 Page 51

⁷⁰ "Hospital Blame on Bartzen Rule," *Chicago Tribune*, 18 July 1913, 2.

⁷¹ "Hospital Blame on Bartzen Rule," *Chicago Tribune*.

⁷² "Hospital Blame on Bartzen Rule," *Chicago Tribune*.

⁷³ "Issue \$2,000,000 Hospital Bonds?" *Chicago Tribune*, 31 July 1913, 7.

⁷⁴ "Slated to Be Made County Physician," *Chicago Tribune*, 26 January 1915, 3.

⁷⁵ Alexander McCormick, "Annual Report," *Charity Service Reports, Cook County, Illinois*, Fiscal Year 1917 (Chicago: Cook County, 1917), 19.

⁷⁶ Alexander McCormick, "Annual Report," *Charity Service Reports, Cook County, Illinois*, Fiscal Year 1916 Annual Report, 17-18.

⁷⁷ Raffensperger, 87.

⁷⁸ Raffensperger, 87.

⁷⁹ Raffensperger, 87.

⁸⁰ Raffensperger, 87.

⁸¹ Raffensperger, 87-88.

⁸² Michael Zimmer, "Annual Report Warden County Hospital," *Charity Service Reports, Cook County, Illinois*, Fiscal Year 1916 (Chicago: Cook County, 1916), 185.

⁸³ Raffensperger, 88.

⁸⁴ Raffensperger, 88.

⁸⁵ Al Chase, "County Hospital to Be Made Largest of Its Kind in the World," *Chicago Tribune*, 27 December 1925, B1.

⁸⁶ Sanborn Fire Insurance Map, Chicago [Cook Co.], 1905-1951, Vol. 7, 1917-June 1950, Sheet 54.

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- ⁸⁷ "County Votes \$1,511,271 for Hospital Work," *Chicago Tribune*, 24 April 1956, A1.
- ⁸⁸ "How County Hospital Will Spend Millions," *Chicago Tribune*, 4 November 1959, 3.
- ⁸⁹ *Who's Who in Chicago and Illinois*, 9th ed. (Chicago: A.N. Marquis Company, 1950), 216.
- ⁹⁰ *Who's Who in Chicago and Illinois*, 9th ed., 216.
- ⁹¹ "Votes of Women Today May Rule," *Chicago Tribune*, 24 February 1914, 1.
- ⁹² "Women Candidates to Run," *Chicago Tribune*, 7 July 1914, 13.
- ⁹³ "Schmidt Loses His City Job as Building Chief," *Chicago Tribune*, 18 June 1942, 2.
- ⁹⁴ "Landmarks Database," *Chicago Historic Resources Survey* (City of Chicago Department of Planning and Development, Landmarks Division) <<http://w16.cityofchicago.org/landmark/SilverStream/Pages/landmarks.html>> (May 31, 2006).
- ⁹⁵ "Landmarks Database," *Chicago Historic Resources Survey*.
- ⁹⁶ *Chicago Tribune*, 4 December 1951, B5.
- ⁹⁷ "Chicago Landmarks: Schmidt, Garden, & Martin" (City of Chicago Department of Planning and Development, Landmarks Division, 2003). <<http://www.ci.chi.il.us/Landmarks/Architects/Schmidt.html>> (May 31, 2006).
- ⁹⁸ "Chicago Landmarks: Schmidt, Garden, & Martin."
- ⁹⁹ *Who's Who in Chicago and Illinois*, 9th ed., 516.
- ¹⁰⁰ Alice Sinkevitch, ed., *AIA Guide to Chicago* (San Diego: Harcourt Brace & Company, 1993), 280, 294.
- ¹⁰¹ "R.E. Schmidt, Noted Chicago Architect, Dies," *Chicago Tribune*, 18 October 1959: 40.

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¹⁰² "Eric E. Hall, 59, Architect for County, Is Dead," *Chicago Tribune*, 10 December 1942, 28.

¹⁰³ Sinkevitch, 274.

¹⁰⁴ "Eric E. Hall, 59, Architect for County, Is Dead," *Chicago Tribune*.

¹⁰⁵ "Approve Plans for Home for County Nurses," *Chicago Tribune*, 20 June 1931, 11.

¹⁰⁶ Anne Sullivan, ed., "Cook County Hospital Complex," Illinois Historic American Building Survey, IL HABS No. CK-1997-1 (1997), 39.

¹⁰⁷ Raffensperger, 159.

¹⁰⁸ Sullivan, "Cook County Hospital Complex," 39; Al Chase, "County Hospital to Be Made Largest of Its Kind in the World," *Chicago Tribune*, 27 December 1925, B1.

¹⁰⁹ Sullivan, "Cook County Hospital Complex," 41.

¹¹⁰ Raffensperger, 167.

¹¹¹ Sullivan, "Cook County Hospital Complex," 35, 39.

¹¹² Raffensperger, 243.

¹¹³ Raffensperger, 127-28.

¹¹⁴ Raffensperger, 159.

¹¹⁵ Clayton F. Smith, *Annual Message* (Chicago: Cook County, 1939), 60.

¹¹⁶ Raffensperger, 92.

¹¹⁷ "Dr. B. M. Fantus, 'Blood Bank's' Originator, Dies," *Chicago Tribune*, 15 April 1940, 12.

¹¹⁸ "Dr. B. M. Fantus, 'Blood Bank's' Originator, Dies," *Chicago Tribune*.

¹¹⁹ Clayton F. Smith, *Annual Message* (Chicago: Cook County, 1939), 80.

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¹²⁰ Raffensperger, 25.

¹²¹ Dr. Quales is also remembered for another feat: "During the Chicago Fire in 1871, he and his wife commandeered an express wagon and rescued sixty-seven men from the Marine Hospital." (Raffensperger, 26).

¹²² Raffensperger, 25-26.

¹²³ Raffensperger, 25.

¹²⁴ Raffensperger, 49.

¹²⁵ Raffensperger, 244.

¹²⁶ Chicago Medical Society, 268-269.

¹²⁷ *Charity Service Reports, Cook County, Illinois, Fiscal Year 1922* (Chicago: Cook County, 1922), 150.

¹²⁸ Clayton F. Smith, *Annual Message* (Chicago: Cook County, 1937), 61.

¹²⁹ William Erickson, *Annual Message* (Chicago: Cook County, 1953), 151.

¹³⁰ "At County Hospital—Woman Named Medical Director," *Chicago Tribune*, 27 August 1973, 11.

¹³¹ Allan Parachini, "County Picks Woman to Head Surgery," *Chicago Sun-Times*, 6 December 1977, 14.

¹³² Allan Parachini, "County Picks Woman to Head Surgery," *Chicago Sun-Times*.

¹³³ Wikipedia Contributors, "Sickle-Cell Disease," *Wikipedia*, <http://en.wikipedia.org/wiki/Sickle_cell_anemia> (May 31, 2006).

¹³⁴ Raffensperger, 61.

¹³⁵ "Discovery and Biological Basis" (Washington University Natural Sciences Learning Center, 2003). <<http://www.nslc.wustl.edu/sicklecell/part1/background.html>> (May 31, 2005).

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¹³⁶ Raffensperger, 63.

¹³⁷ *Charity Service Reports, Cook County, Illinois, Fiscal Year 1918* (Chicago: Cook County, 1918), 153.

¹³⁸ *Charity Service Reports, Cook County, Illinois, Fiscal Year 1918*, 22.

¹³⁹ Raffensperger, 142.

¹⁴⁰ John J.-G. Blumenson, *Identifying American Architecture: A Pictorial Guide to Styles and Terms, 1600-1945* (Nashville, Tenn.: American Association for State and Local History, 2nd edition, 1978), 41.

¹⁴¹ Stephen C. Gordon, *How to Complete the Ohio Historic Inventory* (Columbus, Ohio: Ohio Historic Preservation Office, 1992), 98.

¹⁴² Blumenson, 67.

¹⁴³ Gordon, 97.

¹⁴⁴ Blumenson, 67.

¹⁴⁵ Gordon, 97.

¹⁴⁶ Blumenson, 69.

¹⁴⁷ Gordon, 99.

¹⁴⁸ Sinkevitch, 422.

¹⁴⁹ Quoted in Sinkevitch, 422.

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Cook County Hospital Administration Building, Chicago, Cook County, Illinois

Section number 10 Page 56

Verbal Boundary Description

The area contained within the parcels identified by Cook County Property Index Numbers 17-18-402-001-0000, 17-18-402-002-0000, 17-18-402-021-0000, 17-18-402-025-0000, 17-18-402-032-0000, 17-18-402-033-0000, 17-18-402-034-0000, 17-18-402-035-0000, 17-18-402-038-0000, and 17-18-403-001-0000, which lies north of the alley whose northern edge is parallel to and approximately 305 feet south of the southern edge of West Harrison Street.

Boundary Justification

The boundary contains the site of the Administration Building proper and the sites of all pavilions or additions that are or were ever physically connected to it at ground level following its construction.

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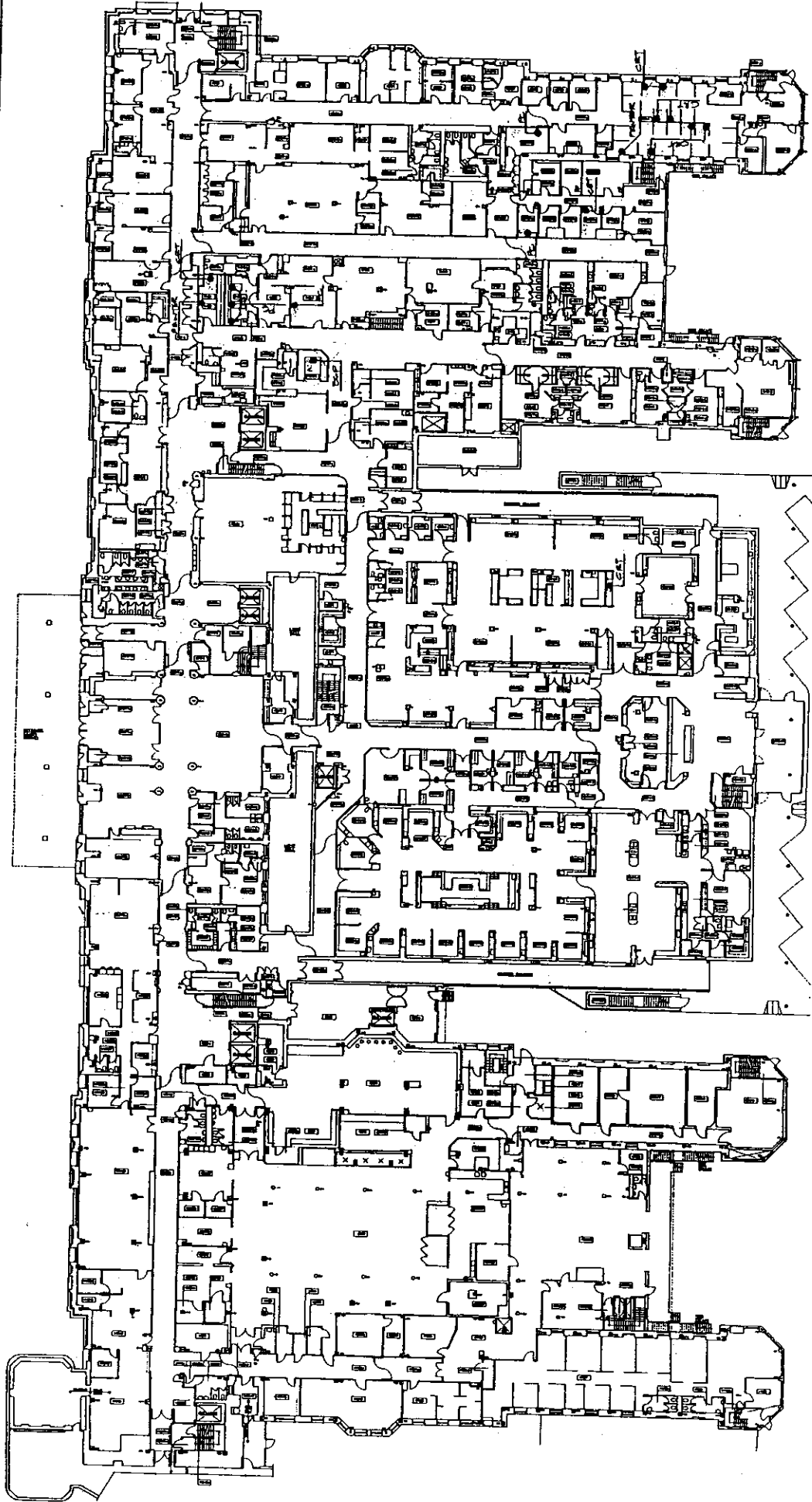
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Cook County Hospital Administration Building, Chicago, Cook County, Illinois

Section number 12 Page 57

Photograph Log

IL_CookCounty_CookCountyHospital1.tif	North façade, camera facing southeast
IL_CookCounty_CookCountyHospital2.tif	North façade, Sections 1 and 2, camera facing southeast
IL_CookCounty_CookCountyHospital3.tif	North façade, Section 3, camera facing south
IL_CookCounty_CookCountyHospital4.tif	North façade, Section 4 and 5, camera facing southwest
IL_CookCounty_CookCountyHospital5.tif	North façade, Section 3, entrance pavilion, camera facing southwest
IL_CookCounty_CookCountyHospital6.tif	East façade, camera facing southwest
IL_CookCounty_CookCountyHospital7.tif	East façade, camera facing northwest
IL_CookCounty_CookCountyHospital8.tif	South façade, between Pavilions C and D, camera facing north
IL_CookCounty_CookCountyHospital9.tif	South façade, between Pavilions B and C, camera facing northeast
IL_CookCounty_CookCountyHospital10.tif	South façade, between Pavilions B and C, camera facing north
IL_CookCounty_CookCountyHospital11.tif	West façade, camera facing northeast

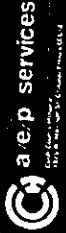


FIRST FLOOR PLAN

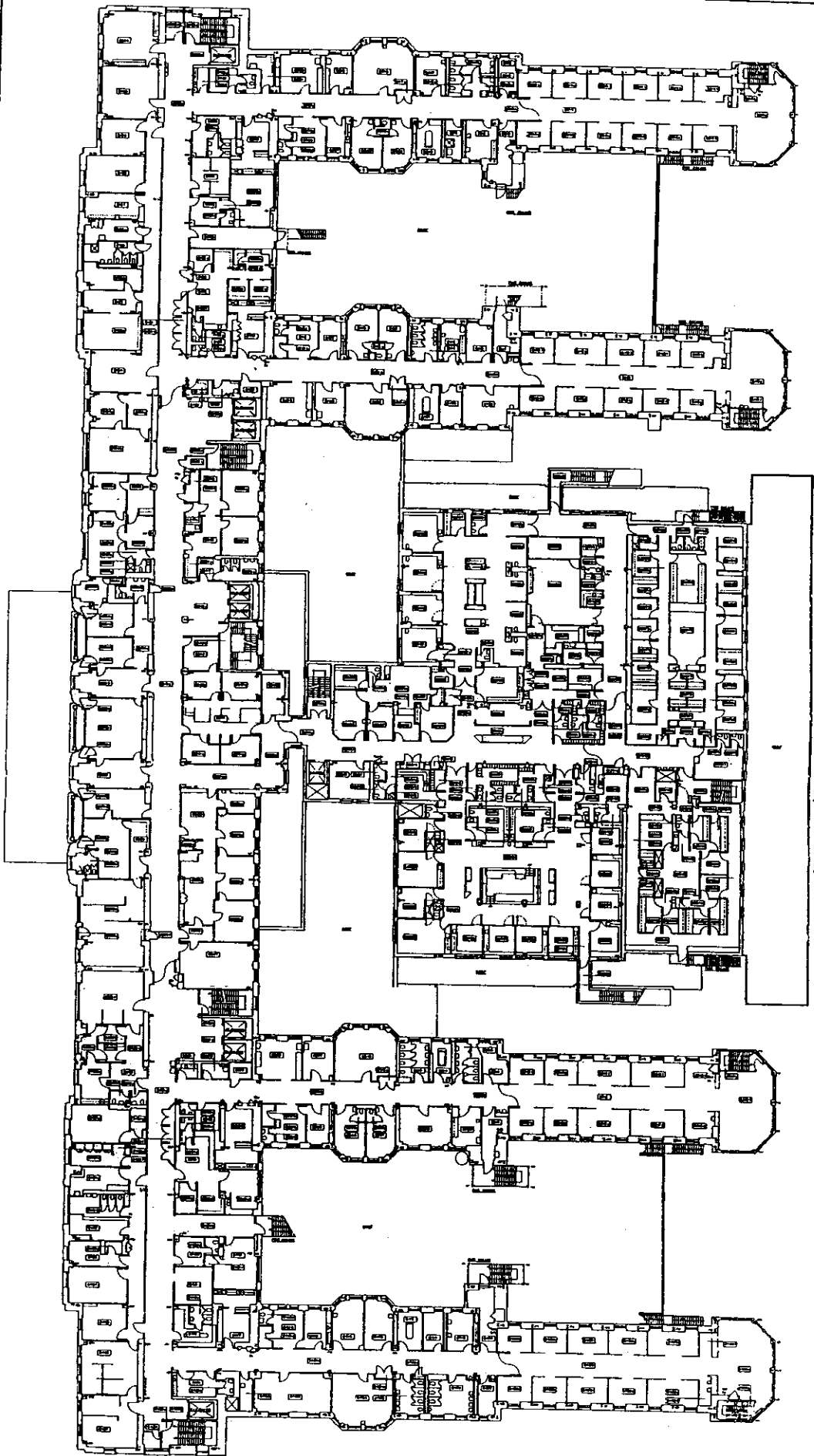
LEGEND

- 10 NEW CAT UNITS
- 2 NEW PRINTER UNITS
- 6 NEW I.C. UNITS
- 1 NEW DRUG COORD. PRINTERS

SHEET NO. NEW EQUIPMENT LOCATION INFORMATION
 EQUIPMENT INFORMATION SHEETS-VIS
 LOCATION MAIN BUILDING
 DATE MAR 1987
 DRAWN BY L.L.H.
 CHECKED BY
 SCALE 1/8" = 1'-0"
 PROJECT NO.
 SHEET NO.
 1-12-87



Floor Plans
 Cook County Hospital
 Cook County, Illinois



Second Floor

Floor Plans
 Cook County Hospital
 Cook County, Illinois

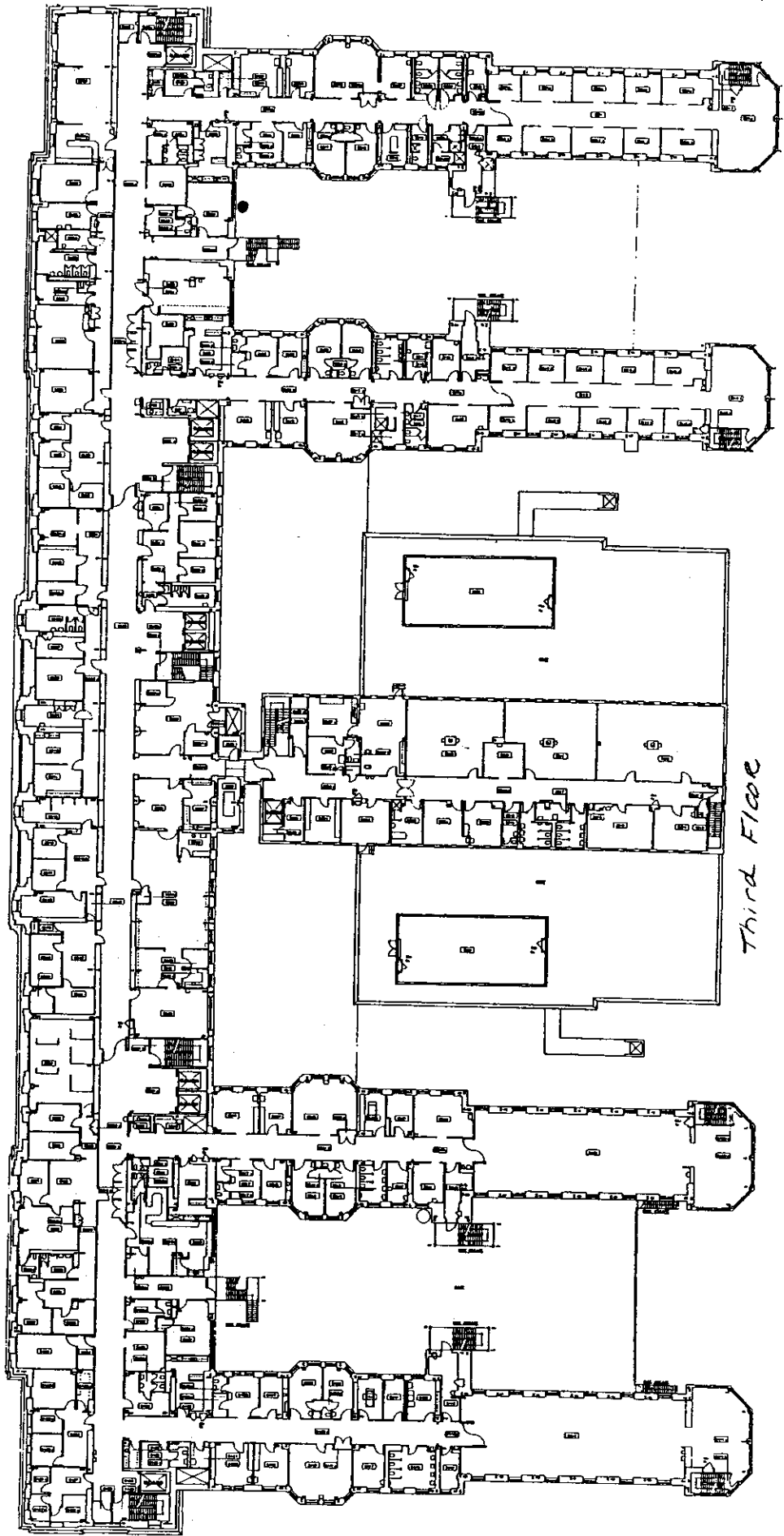
REVISIONS

PROJECT NO. _____ SHEET NO. _____

DATE DRAWN BY _____ CHECKED BY _____

LOCATION MAIN BUILDING

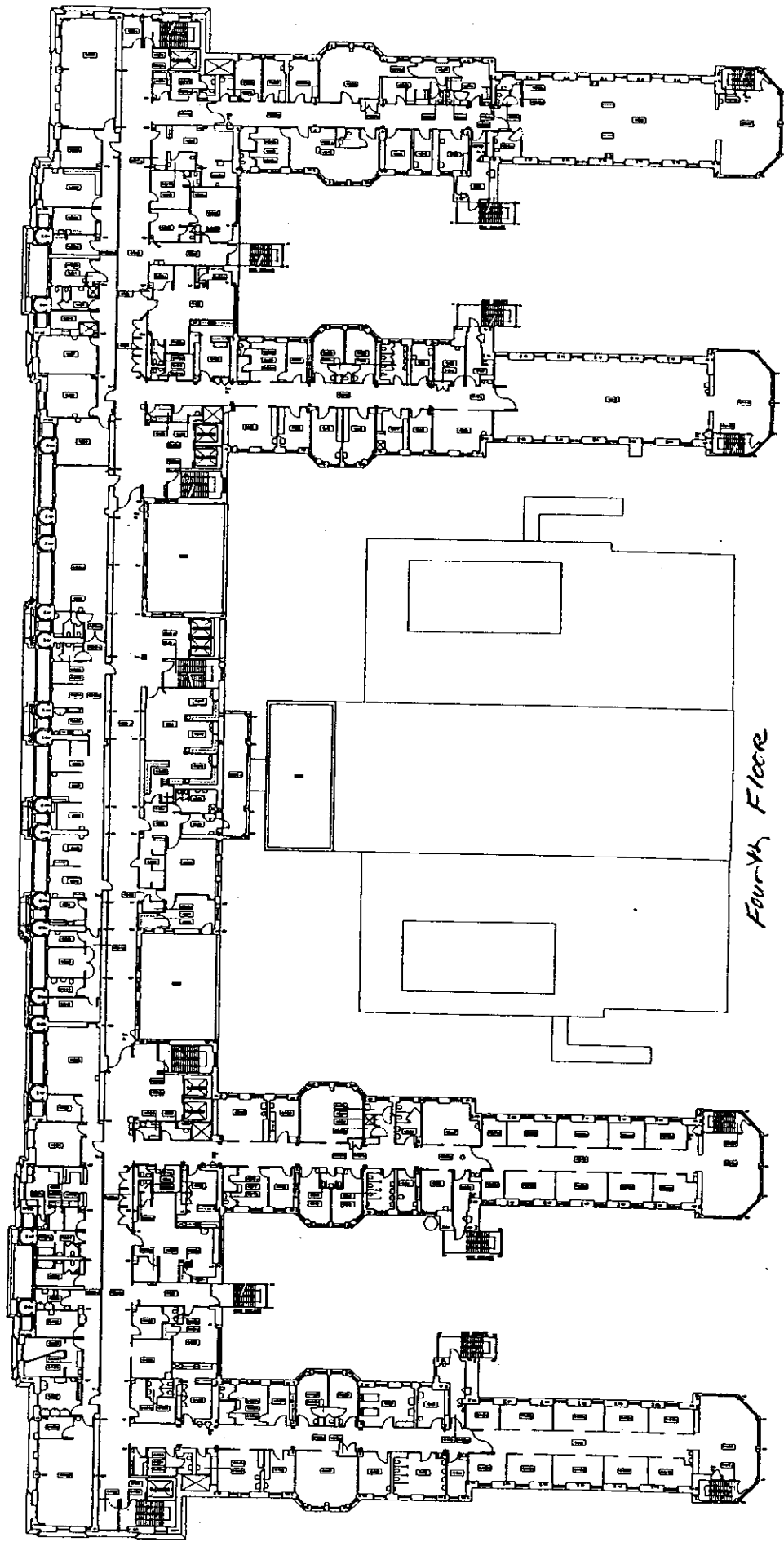
a/e/p services
 ARCHITECTS ENGINEERS PLANNERS
 111 S. WASHINGTON ST. CHICAGO, ILL. 60604



Third Floor


Floor Plans
 Cook County Hospital
 Cook County, Illinois

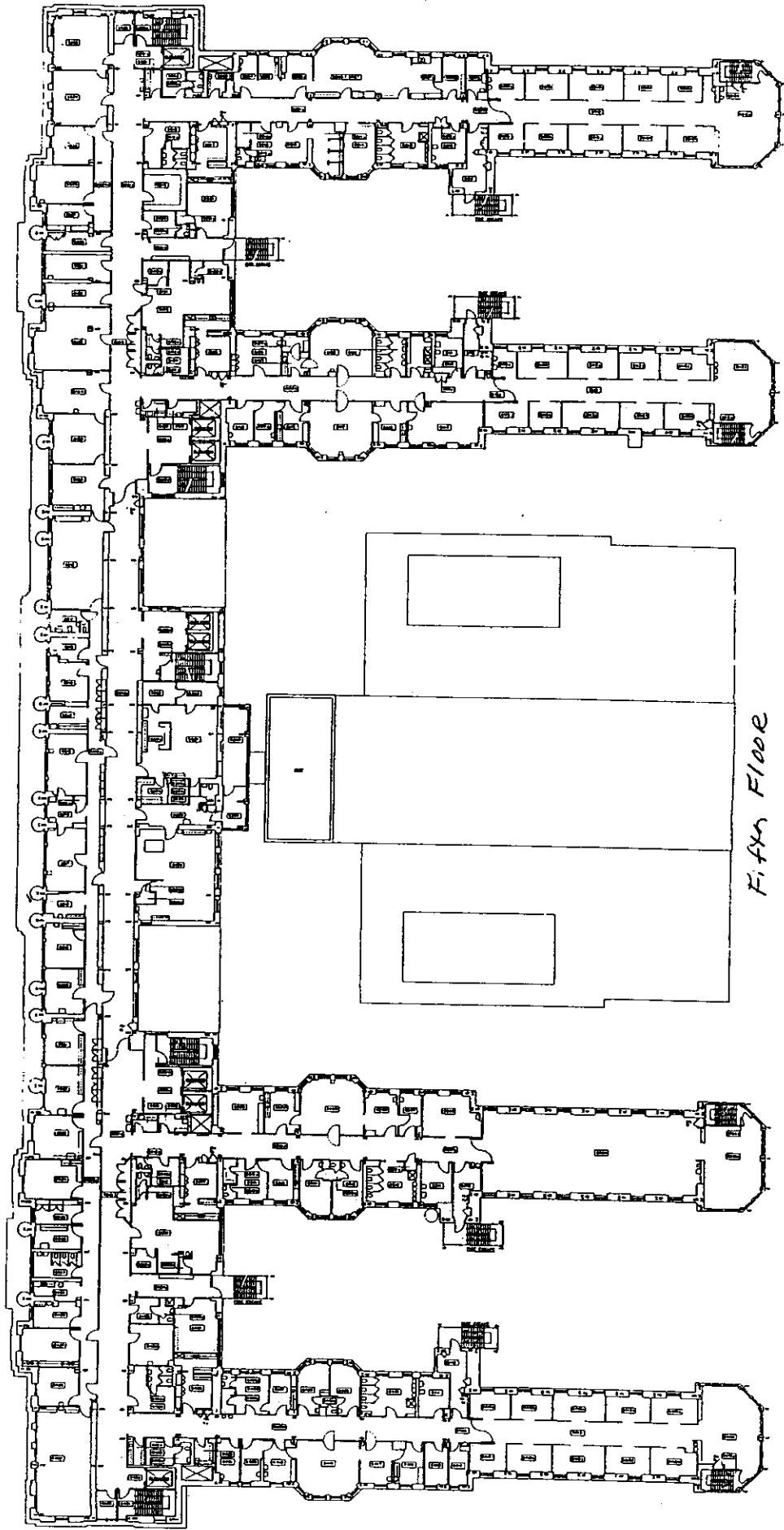
SHEET TITLE:
 DEPARTMENT:
 LOCATION: AAAS BUILDING
 DATE:
 DRAWN BY:
 CHECKED BY:
 SCALE:
 REVISIONS:
 DRAWN BY:
 SHEET NO:
 NORTH:
a/e/p services
 1001 N. WILSON AVENUE, SUITE 100, CHICAGO, IL 60642



Fourth Floor

Floor Plans
 Cook County Hospital
 Cook County, Illinois

PROJECT	PROVISIONS
DATE	DATE
DRAWN BY	DRAWN BY
CHECKED BY	CHECKED BY
SCALE	SCALE
 a/e/p services <small>ARCHITECTS ENGINEERS PLANNERS</small>	
PROJECT	PROJECT
SHEET #	SHEET #
<small>1000 N. WASHINGTON ST., CHICAGO, ILL. 60610</small>	



Fifth Floor

Floor Plans
 Cook County Hospital
 Cook County, Illinois

Sheet title
 department

location **MAJ BUILDING**

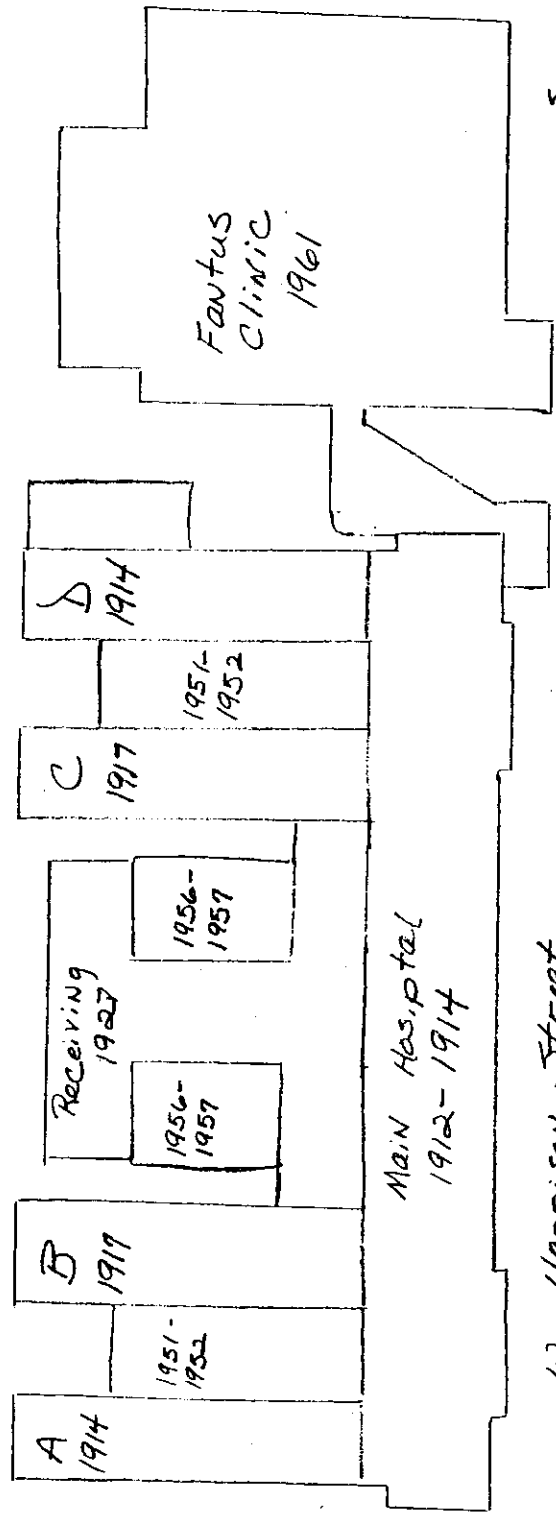
date
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 checked by
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PROJECT #
 SHEET #
 NORTH

a/e/p services
 ARCHITECTS ENGINEERS PLANNERS
 1010 W. WASHINGTON ST. CHICAGO, ILL. 60607

Building Plan
Cook County Hospital
Cook County, Illinois

Wood



S
E — 7 — W
N
Not to scale

LISTED, 11/08/06
(Rock Art Sites in Arkansas TR)

GEORGIA, PUTNAM COUNTY,
Strong--Davis--Rice--George House,
107 Hudson Rd.,
Eatonton, 06000987,
LISTED, 11/08/06

ILLINOIS, COOK COUNTY,
Cook County Hospital Administration Building,
1835 W. Harrison St.,
Chicago, 06001017,
LISTED, 11/08/06

ILLINOIS, COOK COUNTY,
Patten, Charles H., House,
117 N. Benton St.,
Palatine, 06001018,
LISTED, 11/08/06

ILLINOIS, COOK COUNTY,
Woman's Club of Evanston,
1702 Chicago Ave.,
Evanston, 06001020,
LISTED, 11/09/06

MISSOURI, BOONE COUNTY,
Downtown Columbia Historic District,
Parts of 7th, 8th, 9th, 10th, E. Broadway, Cherry, Hitt, Locust, and E. Walnut Sts., Columbia,
06000990, LISTED, 11/08/06 (Downtown Columbia Historic District MPS AD)

MISSOURI, CAMDEN COUNTY,
Urbauer Fishing Lodge Historic District,
442 Riverbird Ln.,
Camdenton vicinity, 06000989,
LISTED, 11/08/06

MISSOURI, ST. LOUIS COUNTY,
Tuxedo Park Christian Church,
700 Tuxedo Blvd.,
Webster Groves, 06000988,
LISTED, 11/08/06

NEBRASKA, ADAMS COUNTY,
Jackson--Einspahr Sod House,
Address Restricted,
Holstein vicinity, 06000994,
LISTED, 11/08/06

NEBRASKA, CASS COUNTY,
Perry, Glenn and Addie, Farmhouse,
Address Restricted,
Plattsmouth vicinity, 06000999,
LISTED, 11/08/06